

2016 - 2017
YUCAIPA HIGH SCHOOL ATHLETIC CLEARANCE

THE ATHLETE NAMED BELOW MAY NOT TRYOUT OR PARTICIPATE IN ANY SPORT UNTIL THIS FORM IS COMPLETED IN FULL

SPORT(S) _____ MALE/FEMALE _____ BIRTHDATE _____ GRADE _____
STUDENT'S NAME _____ PHONE: _____
STREET _____ CITY _____ ZIP _____
FATHER'S NAME _____ DAYTIME PHONE _____
MOTHER'S NAME _____ DAYTIME PHONE _____

PHYSICIAN'S STATEMENT: DATE OF EXAMINATION _____

HEIGHT: _____ **WEIGHT:** _____ **BLOOD PRESSURE:** _____

BODY / LIMBS: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

HEAD / BRAIN: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

TEETH: INJURY / PHYSICAL CONDITION THAT SHOULD BE WATCHED: YES NO
IF YES, EXPLAIN _____

THIS ATHLETE MAY PARTICIPATE IN SPORTS: YES NO

PHYSICIAN'S SIGNATURE _____

****THERE IS AN ELEMENT OF RISK ASSOCIATED WITH ALL ATHLETIC COMPETITIONS. THE DISTRICT CANNOT GUARANTEE THAT STUDENTS WILL NOT BE INJURED DESPITE ITS COMMITMENT TO PROVIDE FOR EVERY PARTICIPANT'S HEALTH AND WELFARE.**

INSURANCE CARRIER: _____ **POLICY #** _____

RELEASE OF INFORMATION: I hereby give permission to release sports information on the above-named student. Additionally, I have read the general Information Bulletin of the above-named insurance carrier and agree to the provisions contained therein. I hereby give my consent for the above-named student to compete in sports and to go with a school representative on any trips.

Person to notify in case of illness or accident if school is unable to contact parent/guardian:

NAME _____ PHONE _____

In case of emergency, this doctor should be called:

NAME _____ PHONE _____

In case of an emergency, if I cannot be reached, I hereby give my consent to give such attention as may be thought necessary by the physician in charge or any available physician.

PARENT/GUARDIAN _____ DATE _____