



Athlete Name \_\_\_\_\_

## Athletic Clearance Packet

Athletes must get athletic clearance each year before participating in a sport. In order to be cleared to play a sport, you must turn in this form. Please initial each box and sign at the bottom. You must also turn in a completed physical form, the Emergency Medical Information form and the CIF 510 form if applicable. Scan the QR code in the corner to view the **MUST READ DOCUMENTS** that are referenced in each of the following boxes on this form or go to <https://www.foothillcougars.com/Athletics/FormsApplications/index.html>

Parent	Student	
		We acknowledge that we must turn in a completed Emergency Medical Information/Parent Consent Card. You can pick up in the FHS main office. (Blue Card)
		We acknowledge that we must turn in a completed physical (Shasta Union High School District Athletics Health Screening Examination Record) that has been marked cleared and signed by a medical doctor and parent.
		We acknowledge that we have read the Health Insurance Verification Form. We understand that our student athlete must have insurance coverage and we meet the minimum insurance requirement to participate in extracurricular activities. We have provided our insurance information on the Emergency Medical Information/Parent Consent Card and will notify the school if there are any changes in our insurance coverage.
		We acknowledge that we have read the (CRAC) Competitive Representational Activities Code and agree to abide by its terms.
		We acknowledge that we have read the Voluntary Activities Participation Form and Liability Waiver and that we understand and agree to its terms.
		We acknowledge that we have read the Agreement for Student/Parent Regarding Use of Steroids and we understand that this agreement remains in effect for each sport participated in throughout the entire school year.
		I acknowledge that I have read the Parent's Code of Conduct and agree to abide by its terms.
		I have read and understand the requirements of the Code of Conduct for Interscholastic Student-Athletes and acknowledge that I may be disciplined or removed from a team if I violate any of its provisions.
		We have read the Sudden Cardiac Arrest Information for Athletes & Parents/Guardians and I understand the symptoms and warning signs of Sudden Cardiac Arrest and the new protocol to incorporate Sudden Cardiac Arrest prevention strategies into my/my student's sports program or activity.
		We have read and understand the Concussion Information Sheet.
		We understand that we must submit a completed CIF 510 Form (last page of this packet) if my student is a Freshman OR if my student has attended any other high school besides Foothill High School. I understand that if my student has attended any other high school, they cannot compete in any athletic event until cleared by CIF. Contact athletics at <a href="mailto:sahuwalia@suhsd.net">sahuwalia@suhsd.net</a> or <a href="mailto:kperales@suhsd.net">kperales@suhsd.net</a> 530-547-1700
		We understand that our contact information will be given to the FHS Sports Boosters to help with athletic events.
		We have read and understand the NCAA Eligibility guidelines and agree to its guidelines.

Parent name:	Parent Signature:	Date:
Student name:	Student Signature:	Date:

**SHASTA UNION HIGH SCHOOL DISTRICT  
Athletics Health Screening Examination Record**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Health History**  
*(to be completed and signed by parent/guardian)*

Has your child ever had or does he/she now have any of the following?  
(Please explain any yes answers)

- Yes No
1.  Chronic or recurrent illnesses \_\_\_\_\_
  2.  Illnesses lasting more than a week \_\_\_\_\_
  3.  Hospitalizations \_\_\_\_\_
  4.  Surgery, other than tonsillectomy \_\_\_\_\_
  5.  Problem with blood pressure or heart \_\_\_\_\_
  6.  Dizziness, fainting or frequent headaches \_\_\_\_\_
  7.  Ever been knocked out or had a concussion or lost memory \_\_\_\_\_
  8.  Neck/back injury or surgery, numbness or tingling in arms, hands, legs or feet \_\_\_\_\_
  9.  A stinger, burner or pinched nerve? \_\_\_\_\_
  10.  Knee, ankle injury or surgery \_\_\_\_\_
  11.  Other joint sprains or dislocation, pain or swelling \_\_\_\_\_
  12.  Broken bones (fractures) \_\_\_\_\_
  13.  Epilepsy or seizure disorder \_\_\_\_\_
  14.  Asthma or shortness of breath \_\_\_\_\_
  15.  Diabetes \_\_\_\_\_
  16.  Illness from exercising in the heat \_\_\_\_\_
  17.  Nervous disorder or mental illness \_\_\_\_\_
  18.  Currently taking any medications \_\_\_\_\_
  19.  Allergic to any medications (aspirin, penicillin, etc.) or bee stings \_\_\_\_\_
  20.  Wear eyeglasses or contact lenses \_\_\_\_\_
  21.  Wear dental appliances, orthotics or prosthetic equipment \_\_\_\_\_
  22.  Desire to weigh more or less than current weight. Lose weight regularly to meet weight requirements for sports \_\_\_\_\_
  23.  Stressed out feeling \_\_\_\_\_

Please use this space to further explain the above answers or for additional information:

\_\_\_\_\_

\_\_\_\_\_

**Health Screening Examination**  
*(to be completed and signed by a physician)*

Pulse Rate: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

	Normal	Abnormal	Comments
Eyes/Ears/Nose/Throat			
Lymph nodes			
Heart			
Lungs			
Abdomen			
Genitalia/Hernia (males only)			
Skin			
Neck/Spine			
Arms/Shoulders/Elbows			
Wrists/Hands			
Legs/Hips/Thighs/Knees			
Ankles/Feet			

Based on this history and physical exam the following **ABNORMALITIES** were found and need further evaluation before clearance for competitive athletics:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Recommendations:**

- CLEARED** - There were no history or physical findings on this exam which would prohibit this student from participating in competitive athletics.
- This student should have the above health problems evaluated or treated **PRIOR** to participating in competitive athletics.
- This student has health problems which would **PROHIBIT** him or her from participating in competitive athletics.

**Parent/Guardian Permission and Release**

I declare that the above information is correct to the best of my knowledge. I understand this is a screening examination to determine if any obvious medical problems exist to prevent my child from participating in school athletic events. This examination is not a complete medical examination. You should contact your family physician for your medical needs. If any medical problems are identified in this screening examination, further examination and treatment should be obtained through your physician.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name (print/type) \_\_\_\_\_

Phone \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

# Attention!!!

The students listed below **must** complete the following CIF 510 Form:

**→If you are a Freshman at Foothill High School and have never attended high school anywhere else:**

◆Complete # 1 & 2

◆Sign # 6 or 7

● If you sign #7, you must include a letter that states what your prior contact or relationship is/was with any coach or person(s) associated with Foothill athletics.

**→If you are a Freshman, Sophomore, Junior or Senior and have transferred to Foothill High School (meaning you have attended high school somewhere other than Foothill High School):**

◆Complete as applicable

**→If you attended Foothill High School, but left to go to high school somewhere else and are now returning you must complete a new CIF 510 Form:**

◆Complete as applicable

Northern Section CIF

ALL TRANSFERS MUST BE COMPLETED ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-NS HOME.

1) Name \_\_\_\_\_ M  F  \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Area Code/Home Phone \_\_\_\_\_

2) Current Address \_\_\_\_\_  
House Number and Street Name \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\_\_\_\_\_ PUBLIC SCHOOL DISTRICT YOUR CURRENT ADDRESS IS IN \_\_\_\_\_ SPECIFIC PUBLIC H.S. YOUR CURRENT ADDRESS BELONGS TO \_\_\_\_\_

NOTE: ONLY FILL OUT ITEM 3 IF YOUR ENTIRE FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A COMPLETELY DIFFERENT ATTENDANCE AREA. IF YOU HAVEN'T MOVED, SKIP TO ITEM 4.

3) Former Address \_\_\_\_\_  
House Number and Street Name \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\_\_\_\_\_ PUBLIC SCHOOL DISTRICT YOUR FORMER ADDRESS WAS IN \_\_\_\_\_ SPECIFIC PUBLIC H.S. YOUR FORMER ADDRESS BELONGED TO \_\_\_\_\_

NOTE: INCLUDE ALL HIGH SCHOOLS STUDENT HAS ATTENDED SINCE STARTING THE 9TH GRADE. IF THIS IS YOUR FIRST TRANSFER SINCE STARTING 9TH GRADE, YOU WILL ONLY NEED TO FILL OUT THE 1ST LINE OF ITEM 4.

4) Transfer From: \_\_\_\_\_ Enrolled from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Former High School \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_

Transfer From: \_\_\_\_\_ Enrolled from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Former High School \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_

Transfer From: \_\_\_\_\_ Enrolled from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Former High School \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_

Transfer From: \_\_\_\_\_ Enrolled from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Former High School \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_ Date MM/DD/YY \_\_\_\_\_

5) Within the last calendar year, what sport/s did the student play (during the official high school season) at your former school/s? List sports played at EVERY level (novice, frosh-soph, JV, and/or varsity).

FALL SEASON: \_\_\_\_\_  
 WINTER SEASON: \_\_\_\_\_  
 SPRING SEASON: \_\_\_\_\_

**NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.**

**CERTIFICATION OF APPLICATION:** I authorize any former school/s and the current school to release all records/requests made by the CIF and to discuss enrollment and/or extra curricular participation with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that if subsequent to the approval of this athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result.

By signing this affidavit, I certify that no person/s connected with the athletic department of the new school (School "B") or is part of the booster club of School "B", including anyone acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of this student, prior to the completion of the enrollment process at School "B". I also certify that the student has not participated during the previous 24 months on any non-school athletic team\* (i.e., AAU, American Legion, club team, etc.) that is associated with or coached by anyone associated with the new school (School "B"). (\*See Bylaw 510 for definition of a non-school athletic team).

6) IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 6. SKIP TO ITEM 7 BELOW AND SIGN THERE.

\_\_\_\_\_  
PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OR

7) I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE. THEREFORE, AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFIC. (ATTACH A WRITTEN EXPLANATION TO THIS FORM).

\_\_\_\_\_  
PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ACTIVITY \_\_\_\_\_

GRADE 8 9 10 11 12

**SHASTA UNION HIGH SCHOOL DISTRICT  
Emergency Medical Information/  
Parent Consent Card**

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

Office Use Only

Student	Home Phone	ID #
Primary Residence Address		
Mother		Cell Phone
Father	Phone	Cell Phone
Guardian/Foster Parent	Business Phone	Cell Phone
Alternate Contact	Home Phone	Business Phone
Family Physician	Address	Phone
Medical Insurance Company	Policy #	
Hospital Preference	Date of last tetanus vaccination	
Health Conditions/Drug Allergies		
I hereby give my consent for my son, daughter, or ward as named above to participate in competitive representational activities and to travel with a representative of the District on activity trips. In case the student named above becomes ill or is injured, medical treatment by qualified individuals is hereby authorized.		
PARENT/GUARDIAN SIGNATURE		DATE

**MUST PICK UP IN OFFICE**

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ACTIVITY \_\_\_\_\_

GRADE 8 9 10 11 12

**SHASTA UNION HIGH SCHOOL DISTRICT  
Emergency Medical Information/  
Parent Consent Card**

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

GPA: _____
Date: _____
Physical Expires: _____
CIF: _____
Approved: _____

Office Use Only

Student	Home Phone	ID #
Primary Residence Address		
Mother	Business Phone	Cell Phone
Father	Business Phone	Cell Phone
Guardian/Foster Parent	Busi-	Cell Phone
Alternate Contact		Business Phone
Family Physician	Address	Phone
Medical Insurance Company	Policy #	
Hospital Preference	Date of last tetanus vaccination	
Health Conditions/Drug Allergies		
I hereby give my consent for my son, daughter, or ward as named above to participate in competitive representational activities and to travel with a representative of the District on activity trips. In case the student named above becomes ill or is injured, medical treatment by qualified individuals is hereby authorized.		
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**MUST PICK UP IN OFFICE**

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