Claremont High School ATHLETIC CLEARANCE FORM

Please read both sides, complete **entire form** and return to the ASB Office to obtain clearance to participate.

NAME		BIRTHDATE	
STREET		CITY ZIP	
PARENTS' N	JAMES		
Work Phone (father)	Work Phone (mother)	
PHYSICAL -	– DOCTOR'S SIGNATUR	RE IS REQUIRED Home Phone:	
	Physician's Signature	Date of Exam	
	Physician's Printed Name	State License #	
IF YES, PLEAS	E LIST:	HYSICAL CONDITION THAT SHOULD BE WATCHED?	
		thletics to have medical insurance. List the company name, policy nus medical insurance.	nber, and
COMPANY:		POLICY #	
CLAIMS OFFIC	CE ADDRESS:	POLICY #PHONE #	
IN CASE OF IN physician named		nnot be reached, whom do you request locally to take your student hom	e or to the
NAME:		PHONE:	
NAME:		PHONE: PHONE:	
ALLERGIES:ON THE FOLLO		ncies related to the conditions described above:	
When the admin contact us. We a necessary medic school district w In necessary situ	give this authorization in advance al attention recommended by a lid ill assume any financial responsibilitions where we cannot be contact the below which are pursuant to Sec Time and situation permitting, to When said persons cannot be contact	our minor child need urgent medical treatment, there will be reasonable so when we cannot be reached, he/she will have the power to give apprensed physician or surgeon. Neither the administrator, coach or trained	roval for r nor the he
Doctor:		Phone:	
Hospita	ıl:	Phone:	
The administrate diagnosis or trea	or, coach, or trainer is hereby auth tment, and hospital care under the	Phone: orized to give consent for any x-ray examination, anesthetic, medical or supervision, and upon the advice of any licensed physician or surgeon	r surgical
PARE	NT OR GUARDIAN SIGNATU	RE	
		is will acknowledge that we have read, agree to and understand th	
	ontained on the front and back		

PARENT OR GUARDIAN SIGNATURE

WARNING TO STUDENTS AND PARENTS:

By its very nature competitive athletics may put students in situations in which SERIOUS CATASTROPHIC and perhaps FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact between players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in some of these risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other serious permanent physical impairment as a result of athletic competition. By granting permission for your student to participate in athletic competition, you, the parent or guardian acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

PERMISSION TO PARTICIPATE:

I hereby give my consent for the above named student to participate in interscholastic athletics, pep squad, pep squad units, or band. I further authorize him/her to ride in supervised, school provided transportation to and from games, competitions, and events. I hereby release the Claremont Unified School District, its agents and employees from liability arising therefrom.

If any of the foregoing stated information is not completely understood, please contact the school principal for further assistance.