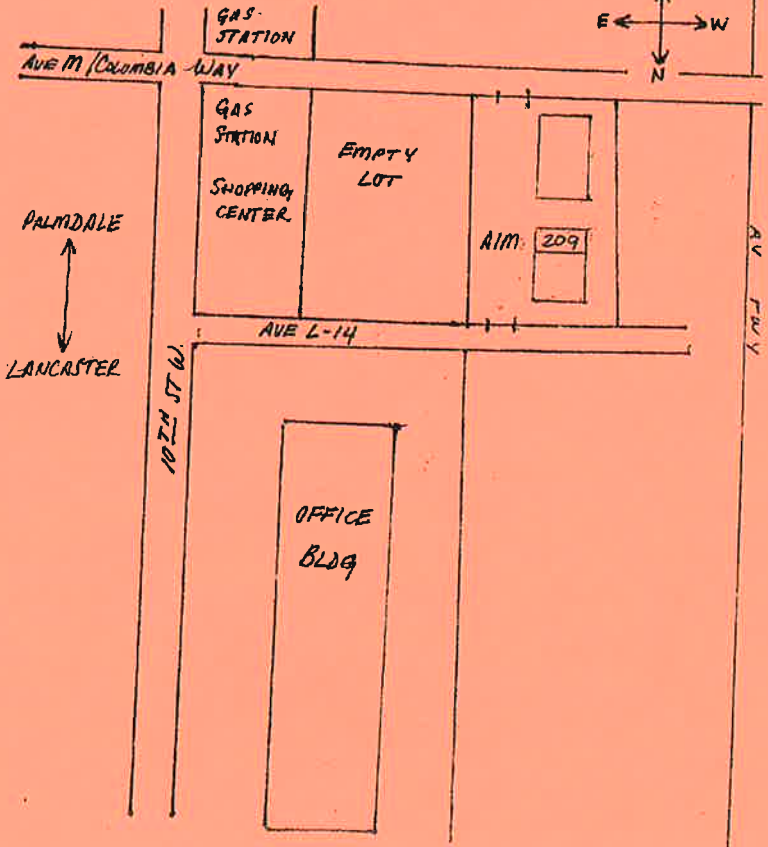
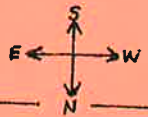


AIM - NEW OFFICE LOCATION
1051 W. AVE M / COLUMBIA WAY SUITE 209
LANCASTER CA. 93534
PHONE 661 949 6649



AVUHSD Online Athletic Clearance Process

Step by step instructions

- Go to www.athleticclearance.com
- Click on **CA** (California)
- On the bottom under the login (on the left of the screen) click **Register**
- The next Screen will be **PARENT name** (NOT STUDENT), user email and password. (You are creating an account, and anytime we need to notify you (**parent**) of an expired physical, **YOU will** get the email).
- Account Registration, enter the code # given
- Click on top left screen labeled "Start Clearance Here!"
- Select school year, school (**make sure to scroll down to select Eastside (CIF-SS)**), and select sport (one sport at first, and later in the registration you will be able to select more than one sport if desired) click submit
- Follow the steps with student information. Select students grade level of the school year they want to participate in Athletics. (If you do not know the student ID# that is ok, leave it blank)
- On next screen it will say Physical Exp. Date just click save
- Answer medical history to best of ability and click save
- Answer Parent/Guardian Info and click submit
- Type your name in the parent signature boxes (you do not need to print anything out unless you are keeping for your records) then Student types name in the student signatures box, click submit
- You do not need to print any forms, **UNLESS** you are a transfer student please print and fill out transfer worksheet **ONLY** if you are a transfer.
- On the bottom of the page is now the chance to click all sports that your student is interested in and would like to try out for. Please check all that apply and then click submit

Congratulations you made it! Your student is now registered for sports at Eastside High School!

Antelope Valley HS 661-948-8552	Eastside HS 661-946-3800	Highland HS 661-538-0304	Knight HS 661-533-9000	Lancaster HS 661-726-7649	Littlerock HS 661-944-5209	Palmdale HS 661-273-3181	Quartz Hill HS 661-718-3100
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**Antelope Valley Union High School District
Physician Certification / Parent Authorization / Insurance Requirement Form**

STUDENT INFORMATION								
Last Name		First Name		Initial	Grade	Date of Birth		Sex
Address					Phone Number			
Sport(s):					Student ID #:			
With whom are you living? (Circle One):		Parents	Legal Guardians	Relative(s)	Other:			
School Attended Last Semester:			City:		State:			
Are you a transfer student? (Circle One): Yes No				Total Semesters of High School Attendance:				

PREPARTICIPATION PHYSICAL EVALUATION

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
 Vision R 20/____ L20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

Area	Normal	Abnormal	Area	Normal	Abnormal	Area	Normal	Abnormal
Ears/Nose/Throat			Heart			Orthopedic		
Thyroid			Lungs			Posture		
Lymph Glands			Abdomen			Reflexes		
Skin			Hernia			Muscular		

Abnormal History/Findings: _____
 Allergies: _____ Regular Medications: _____
 Comments: _____
 CLEARED FOR ATHLETICS
 NOT CLEARED – REASON: _____

Name & Address of Physician/Medical Professional: _____

Physician Signature: _____ Date: _____

PARENT AUTHORIZATION

I understand that the Antelope Valley Union High School District does NOT carry athletic injury insurance for athletes and is NOT responsible or liable for athletic injuries. In order to participate in the above named sport, all participants must be examined by a licensed physician and insured against athletic injuries.

- INSURANCE: Check the following statements which apply.
 - My son/daughter (or ward) has student insurance. What sport? _____
 - My son/daughter (or ward) is covered for the above named sport under our FAMILY health/medical plan.
Name of Company: _____ Policy #: _____
 - *FOOTBALL ONLY.** My insurance policy covers tackle football. I understand that I can purchase SISC Tackle Football Coverage if my student is not already covered. **PARENT INITIAL:** _____
- ATHLETIC PARTICIPATION, TRIP CONSENT, AND EMERGENCY CARE AUTHORIZATION:
I hereby give my consent for the above named person to compete in the above named sport and to go with a representative of the school on any athletic trip related to the above sport. In case my son/daughter (or ward) is injured you are authorized to have him/her treated.
- My student and I have completed the online clearance process through www.athleticclearance.com and I verify that the digital signatures entered on the site are from myself and my student.

Date: _____ Name: _____ Signature: _____

EASTSIDE HIGH SCHOOL STUDENT ONE- WAY TRANSPORTATION AGREEMENT

STUDENT NAME _____ ID# _____

I understand the A.V.U.H.S.D. will provide one-way transportation to the events within the Antelope Valley. There will be NO return transportation for the event(s) that are in the Antelope Valley.

The above student hereby agrees to provide his/her own return transportation at his/her own expense.

WHEN THE STUDENT PROVIDES HE/HER OWN RETURN TRANSPORTATION, IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION.

I ALSO UNDERSTAND THAT IF THE STUDENT RIDES WITH ANOTHER PERSON, THE DRIVER IS NOT DRIVING AS AN AGENT OF OR ON BEHALF OF, THE DISTRICT.

Print Student Name _____

Student Signature _____ Date _____

Parent/Legal Guardian _____ Date _____
(If student is under 18 years of age)

EASTSIDE HIGH SCHOOL

STUDENT BUS WAIVER - COACH/ADVISOR COPY

NOTE: This form is to be completed, signed and returned to the Athletics Office for Administrative approval. One copy will stay in the Athletics Office and one copy will be returned to the coach.

I fully understand that Parent/Guardian permission must be given, IN WRITING, 24 hours or one school day prior to a student being allowed to participate in any school trip. A student will only be released from a school trip to their own **parent or legal guardian unless another adult's name is listed below**, if the parent/guardian is traveling to a destination other than the Antelope Valley. Written release from parent/guardian must be on file in order for parent/guardian/designated adult to pick up the student at any away school activity. If parent/guardian cannot pick up the student as planned, the student **MUST** return home on the school's transportation.

I request permission for my son/daughter, _____
PRINT Student's Name I.D. Number Date of Birth

To leave from _____ or with _____ on _____ or for the
(Location or ALL, if seasonal) (Name of Sport or group) (Season)

entire season(s) of _____. I hereby authorize _____
(School Year) (PRINT Name of Authorized Adult) (Relationship to student)

By this request, I assume full responsibility for my student after being released to me or the above named authorized adult by the school's personnel.

Parent/Guardian Signature: _____ Date: _____

Coach/Advisor Signature: _____ Date: _____