



# SUNNYSIDE ATHLETIC PHYSICAL REGISTRATION INFORMATION



Please complete the online registration and complete the paperwork for your child or children, sign the form below and return with the “**Medical Eligibility Form**” signed and **stamped** by your physician. **\*Please make sure to turn all physical paperwork in to the athletic trainer.**

**\*Complete this online form: [tinyurl.com/shsphysicals](http://tinyurl.com/shsphysicals)**

**Athlete Name** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Fall Sport** \_\_\_\_\_ **Winter Sport** \_\_\_\_\_ **Spring Sport** \_\_\_\_\_

I hereby certify that I completed the online registration for Sunnyside Athletics and am the legal guardian of the student-athlete named above. I certify that I have read and understand the terms of all Sunnyside High, FUSD, and CIF policies. I grant permission for my child to **participate in athletics** at Sunnyside High School. I authorize and release my **student's health information** regarding an athletic injury or medical injury to the certified athletic trainer and nurse at Sunnyside High School.

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

**Parent/Guardian Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

## Required Medical Information

**Personal Medical insurance company name** \_\_\_\_\_

**Group Number or Policy Number** \_\_\_\_\_

If you do NOT have personal insurance, you may purchase student insurance @

<http://www.studentinsuranceusa.com>

(Return the certificate of insurance proof with this packet if purchasing student insurance.)

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

**Emergency Contact #1** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Emergency Contact #1** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Please return this packet to your athletic trainer**

Non-Discrimination Statement: Fresno Unified School District prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived race, color, ethnicity, national origin, immigration status, ancestry, age, creed, religion, political affiliation, gender, gender identity, gender expression, genetic information, mental or physical disability, sex, sexual orientation, marital status, pregnancy or parental status, medical information, military veteran status, or association with a person or a group with one or more of these actual or perceived characteristics or any other basis protected by law or regulation, in its educational program(s) or employment. If you believe you, or your student, have been subjected to discrimination, harassment, intimidation, or bullying you should contact your school site principal and/or the District's Chief Compliance and Title IX Officer Paul Idsvoog, by phone at 559-457-3730, by email at [Paul.Idsvoog@fresnounified.org](mailto:Paul.Idsvoog@fresnounified.org), or in person at 2309 Tulare Street Fresno, CA 93721.