



Ahwahnee Athletics

Home of the Warriors

AHWAHNEE ATHLETICS & REGISTRATION INFORMATION PACKET 2025-26 School Year

To try out for our Ahwahnee Athletic Program you will need the following:

Athletic Clearance/Registration- visit this website to complete the process.

<https://www.homecampus.com/clearances>



QR Code to
HOME CAMPUS

Tryout- Listen for information in morning announcements or check our website for information each season

Be Academically Eligible (Must be passing 4 classes and earn AT LEAST a 2.0 GPA—put the STUDENT first in Student-Athlete).

Warriors BSN Sideline Store coming Soon



Ahwahnee Athletics

Home of the Warriors

AHWAHNEE ATHLETICS & REGISTRATION INFORMATION PACKET 2025-26 School Year

Welcome to Ahwahnee Middle School Athletics! We are happy you are thinking about joining our Warrior Athletic Community. There are a few important things to consider before making this decision:

1. **Commitment is a Requirement**—Practice and games are mandatory. Make sure you have room in your family, school, and social life to add the commitment of TEAM to your plate.
2. **Grades Matter**—Student must have at least a 2.0 G.P.A. and be passing 4 classes. Grades will be checked regularly. You are a STUDENT first.
3. **Athletic Equipment Needs**—You will be asked to supply your athlete with some sports-specific equipment (for example: cleats, sports bra, practice uniform, etc.). Each program is different, but the coach will clearly provide you with that information.

All of this information and more can be found on our Ahwahnee Athletic Website:

We look forward to seeing you on the field, court, course, mat and pool. Go Warriors!!!

Erika Magallon, Ahwahnee Athletic Director

Clemente Garcia, Asst. Athletic Director

Email: Erika.magallon@fresnounified.org

Clemente.garciaenriquez@fresnounified.org

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

