



2026/27 Co-Curricular Clearance/Eligibility Packet

Do not turn into Coaches or advisors

List Sports Interested In:

Name: _____ DOB _____

Please Print Clearly

Name of Last School Attended: _____

If student has attended any other school outside of Central Unified, he/she MUST complete a CIF application and turn in with packet

☐☐ 7th☐ 8th☐

Central Unified School District

Students will not be allowed to try-out or participate unless the following have taken place.

1. Complete the online registration through our athletic website
2. Return this packet to the athletics office completed with an updated physical
3. Parent and student MUST sign all documents requesting signature

- ☐ SIGN - CUSD Co-Curricular and Residence Eligibility
☐ COMPLETE & SIGN - CUSD Sports Physical Form

Items to be completed on HOME CAMPUS

- ☐ CIF Ethics in Sports
☐ CUSD Pursuing Victory with Honor
☐ CUSD Athletic Ethical Conduct
☐ CIF Parent/Guardian Code of Ethical Conduct
☐ CUSD Field Trip Code of Conduct
☐ CUSD Student Excursion & Transportation Agreement CUSD Participation/ Website
☐ Emergency Information CIF Concussion Form
☐ CUSD Voluntary Drug Testing Program
☐ What You Need To Know: Prescription Opioids

I have read and verify that I understand and signed all the above documents online at <https://www.homecampus.com/login>.

Parent Signature

Date

Student Signature

Date

Questions please contact the Main Office at (559) 276-3105.

Student Name: _____ School: _____ Grade: _____

Address: _____ Date of Birth: _____ Sex: _____

Phone Number: _____ Cell Number: _____

Parents or Guardian's Permission and Release

I hereby give my consent for the above named student to represent his or her school in competitive sports except those indicated on this form by examining physician. I also give my consent for the student to accompany the school team on any of its local or out-of-town trips. The Central Unified School District Board of Education has no responsibility to provide first aid at any of the games and the parent or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurse, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, then the parents/guardians do hereby release and forever discharge such person and the Central Unified School District Board of Education from any liability arising out of any first aid or immediate treatment of injuries.

Health History: To be completed by the Parent/Guardian (Answer "Yes" or "No" Only)

	Yes	No		Yes	No
1. Chronic/Recurring Illness	_____	_____	20. Heart murmur/rhythm problem	_____	_____
2. Hospitalization or surgery	_____	_____	21. Physician limiting participation due to heart problems	_____	_____
3. Under care of physician	_____	_____	22. Problem with blood/anemia	_____	_____
4. Currently taking any medication	_____	_____	23. Problem with liver, spleen or kidneys	_____	_____
5. Organs missing/removed	_____	_____	24. Mononucleosis within last year (If yes, month/year _____)	_____	_____
6. Easily overheated	_____	_____	25. Hernia	_____	_____
7. Heat stress/exhaustion/stroke	_____	_____	26. Neck/back/spine injury or pain	_____	_____
8. Injuries under care of physician	_____	_____	27. Hand/wrist/arm injury or pain	_____	_____
9. Headaches	_____	_____	28. Knee/hip injury or pain	_____	_____
10. Head injury & loss of consciousness	_____	_____	29. Foot/ankle/leg injury or pain	_____	_____
11. Concussions (If yes, how many _____)	_____	_____	30. Sudden death of family member before age 50	_____	_____
12. Dizziness/fainting	_____	_____	31. Cancer	_____	_____
13. Seizures/epilepsy	_____	_____	32. Recent weight loss or gain	_____	_____
14. Diabetes	_____	_____	33. Immunizations current	_____	_____
15. Vision problems	_____	_____	34. Tetanus shot (If yes, what year _____)	_____	_____
16. Glasses/contacts	_____	_____	35. Ringworm	_____	_____
17. Asthma/wheezing/inhaler	_____	_____	36. High blood pressure	_____	_____
18. Allergies: pollen, stinging insects, food	_____	_____	37. (For females) Age at onset of period _____	_____	_____
19. Chest pain/dizziness with exercise	_____	_____	38. (For females) Period regular or irregular	_____	_____

Please describe any "YES" answers or list anything not mentioned:

An athletic physical arranged by the school district is not a complete physical examination. It is a screening to detect obvious impairments that might affect the student's safety in sports participation. This evaluation should not be used as a substitute for regular health maintenance examinations with your personal physician.

Verified by: **PARENT/GUARDIAN SIGNATURE** _____ Date: _____

PHYSICAL SCREENING

HT _____ WT _____ BP _____ Eyes _____ Pulse (resting) _____ (after exercise) _____

General _____ Chest _____ Heart _____ Abdomen _____

GU/Hernia _____ Neck/Back _____ Extremities _____

Limitations: Yes _____ No _____ (If "yes" list limitations in the comments area below)

Comments:

I verify that _____ has been examined by me on _____
(Student's Name) (Date)

To the best of my knowledge, the above named student is physically able to participate in interscholastic athletics.

Physician/Practitioner Name (please print or type)

Physician/Practitioner Signature

CIF CODE OF ETHICS – It is the duty of all concerned with Central Unified School Athletics: (ATHLETES, PARENTS, FANS, COACHES, & STAFF)

1. To display acceptable standards of behavior and citizenship at school and in the community.
2. To cooperate in a mature, sportsmanlike manner in all events whether it be as a participant or spectator.
3. To show respect for other participants, supervisors, coaches, and officials
4. To comply with the Board of Education policies, District Regulations, and the State Education Code.
5. To comply with the rules and regulations established by the appropriate governing bodies of their activity.
6. To eliminate all possibilities which tend to destroy the best values of the game.
7. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
8. To encourage leadership, use of initiative and good judgement by the players on a team.
9. To recognize that the purpose of athletics to promote the physical, mental, moral, social and emotional well-being of the individual players.
10. To understand that the use of intoxicants, tobacco, drugs, or substances for sale or possession of them will not be tolerated.
11. To understand that the use of Steroids or Dietary Supplements will not be tolerated. We understand and agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician to treat a medical condition. We understand under CIF Bylaw 200.d, there could be penalties for giving false information. We understand that Central Unified's policy on illegal drug use will be enforced for any violation of these rules. If parent suspects the use of either substance they may refer to www.drugfreesport.com/choices/ or www.consumerreports.org also the Athletic Department has a CD available for viewing. The Athletic Director or Counselors are available for information.
12. Athlete must not be a member of any outside club that participates in the same sport in the same season.
13. Athlete must carry an accident insurance policy (either their own or one available at the school).
14. Athlete must maintain a grade point average of 2.0 and be passing 20 credits.
15. All concerned must remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan or nation.

Information regarding CIF violations/penalties in regards to player/coach ejection from athletic contests is available upon request for the Athletic Office.

Appeals Procedure – First and Second Ejection: Unless otherwise specified, an appeal of an ineligibility of a player or coach because of ejection from a game or event, may be made, in writing, to the player or coach's site administrator. The site administrator or his/her designee's decision on his/her athlete or coach shall be final and shall be conveyed to the site administrator of the school(s) involved, to the president of the league(s) involved and the CIF Area and Section Commissioner.

The CIF State Constitution, Article 5, section 522 states: Any student who physically assaults the person of a game or event official shall be banned from interscholastic athletics for the remainder of the student's eligibility. A game or event official is defined as a referee, umpire or any other official assigned to interpret or enforce rules of competition at an event. A student may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

ENFORCEMENT

1. Athletes who fail to comply with the Code of Ethics will be declared ineligible to participate in school activities by the school administration. Parents/Fans who fail to comply with the above Code of Ethics will be banned from one game to the entire season. The Administration has the right to enforce any penalties deemed necessary to provide a safe and consistent environment for Central Unified School District student/athletes.
2. Students/Parents/Fans may seek a hearing before and Appeal Review Panel consisting of the Athletic Director, Vice Principal and Principal.

PENALTIES

Minor: Violations are those which do not require suspension from school.

1. Any student who commits a minor violation of the Code of Ethics shall be immediately suspended from all activities for a period ranging from one day to two weeks.

Major: Violations defined as those which result in suspension from school.

1. Students who commit a major violation of the Code of Ethics will be suspended from all activities for a period of not less than two weeks and not more than one calendar year, beginning on the date of return. This penalty must be imposed by the school administration.

The Administration reserves the right to prohibit a student from participation in other school activities as is deemed appropriate. Code of Ethics violations which occur when a student is not under the supervision of the school may be considered for penalties.

SPORTS PARTICIPATION/ASSUMPTION OF RISK/QUITTING OF A SPORT

The undersigned student/athlete and his/her parent/legal guardian understand and agree: (1) that the student must obey and comply with any and all rules, regulations and directions related to such participate; (2) that they are aware that athletic participation in sport requires physical fitness; (3) that said student/athlete possesses the required degree of physical fitness to participate; (4) that a risk of physical injury is involved by participating in sports; (5) that by quitting a sport after the first 30% of the season, the athlete will not be allowed to participate in another sport until the previous sport has finished, and it is the coach of the sport's prerogative, to allow or disallow the student's participation of the following year in the sport he/she quit.

Therefore, in consideration of the Central Unified School District allowing said student/athlete to participate in the sports programs, both the student and his/her parent/legal guardian agree to hold the district, its Board Members, officers, agents and employees harmless from any and all liability related to an injury which the student/athlete may incur as a result of participation in this sports program.

In this respect, both the student/athlete and the parent/legal guardian understand that a risk of injury exists and that by signing this form, they assume said risk and responsibility for any injury to the student/athlete.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS AND CONDITIONS FOR A PARTICIPATION IN THE ATHLETIC PROGRAM AT CENTRAL UNIFIED SCHOOLS AND WITH THIS SIGNATURE, AGREE TO ALL OF THE PRECEDING.

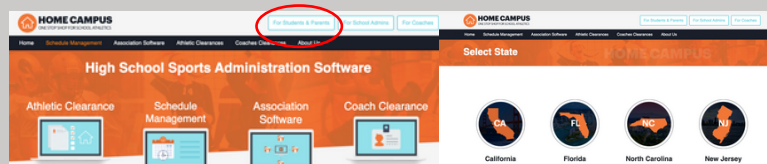
REQUIRED SIGNATURES BELOW

Athlete _____ **Parent/Legal Guardian** _____

ONLINE ATHLETIC CLEARANCE

1

VISIT HOMECAMPUS.COM
CLICK FOR PARENTS & STUDENTS
SELECT STATE



Return Users

Log into existing account used in previous School Year.

New Users

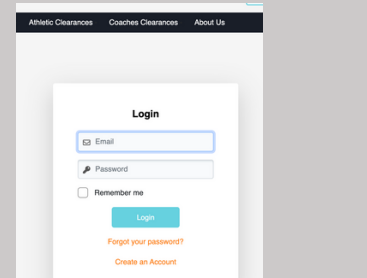
Create an account. Please register with a valid PARENT/GUARDIAN email address as the username and generate a password.

2

SELECT START CLEARANCE HERE

Type in School & Confirm School Address
Select Year
Add Sports

Participating in multiple sports? Use Add New Sport button.



3

COMPLETE ALL REQUIRED FIELDS

Student Information, Parent/Guardian Information, Medical History, Signature Forms, and upload any File(s).

Student Info & Parent Guardian Info

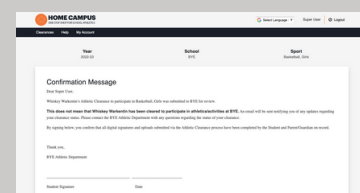
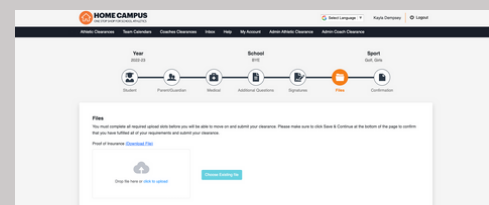
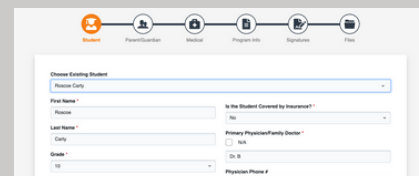
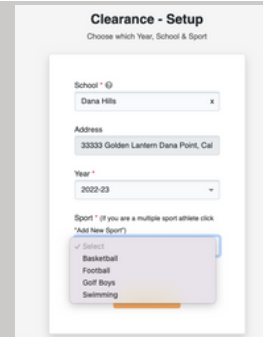
Type in Student & Parent/Guardian Information. This information will be saved for future clearances. Utilize the drop down menu to autofill information for subsequent clearances.

Signatures

Sign required documents by typing in an EXACT match of what is on the Student & Parent/Guardian page.

Files

Drag & drop or browse from your computer to add a file. Select Choose Existing File to search for a previously uploaded file.



4

CONFIRMATION MESSAGE

Your clearance is ready for review by your school once you have reached the **CONFIRMATION MESSAGE** page.

THE STUDENT IS NOT CLEARED YET!
THE SCHOOL MUST REVIEW AND CLEAR THE STUDENT. AN EMAIL NOTIFICATION WILL BE SENT ONCE THE SCHOOL HAS REVIEWED AND CLEARED THE STUDENT FOR PARTICIPATION.

CONTACT HOMECAMPUS

SUPPORT@HOMECAMPUS.COM

[ATHLETIC CLEARANCE HELP ARTICLES](#)

QUESTIONS?

USE THE HELP ICON AT THE BOTTOM RIGHT SCREEN FOR ASSISTANCE!

Help