

Rowland High School Online Clearance Procedure

MANDATORY PARENT MEETING DATES BY SEASON

FALL -----August 16

WINTER ----- November 15

SPRING ----- March 7

ALL MEETINGS WILL BE IN THE

RHS GYM AT 6:00PM

Athletes and Parent should complete these forms together!

1. Log in to www.athleticclearance.com
2. Choose the icon for the state of CA.
3. Watch quick tutorial video
4. **REGISTER-** PARENTS register with a valid email as your username and then create a password. You will be asked to enter a code to verify you are human. If this step is skipped your account will not activate.
5. Select **"Start Clearance Here!"**
6. Select school year (**2018-19**), school (**ROWLAND- CIFSS**) and sport.
7. Complete Student Information- Student ID only needed for current RHS students. **ALL ATHLETES** MUST have insurance or buy it from the school. If purchased from the school, enter Myers/Stevens in the box for insurance provider and write, "RHS approved" for the policy number. You can fill in the number once you get the card.
8. You may DOWNLOAD the Physical Form to take to your Physician or pick up from coach or athletics office. Please make sure the Doctor both SIGNS and STAMPS the physical form. You will then upload the SIGNED and STAMPED form to the site.
9. Complete Parent Information. All questions must be answered.
10. **Electronic Signature-** 4 places for Parent signatures and 3 places for student signatures. Please make sure you type in the proper name for each signature.
11. Optional **Donation** to your athletic department can be made.
12. Once you reach the **Confirmation Message** you have completed the process. You can then apply the clearance to other sports on the bottom of this page.
13. Print out the conformation page and both athlete and parent will sign. Then turn in the signed form to the athletics office.

If you play another sport, your information will be saved in the system. You will just login and choose the new sport at the beginning of the process. You then choose the name for your student in the dropdown on the next screen and their information will automatically be loaded.

All of this data will be electronically filed with your school's athletic department for **review**. When you student has been **cleared for participation**, an email notification will be sent.

Still have questions?

Call the Athletic Office at 626-965-3448 Ext. 3346 or e-mail Mr. Ortalli at mortalli@rowlandschools.org

ROWLAND HIGH SCHOOL ATHLETIC CLEARANCE FORM

All lines must be filled out completely
PLEASE RETURN THIS FORM TO YOUR COACH

STUDENT' LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE (____) _____ DATE OF BIRTH _____ AGE _____ GRADE _____

SPORT (S) _____ STUDENT# _____

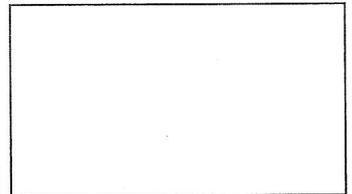
I hereby give permission for my son/daughter to participate in athletic activities.

PARENT SIGNATURE _____ **DATE** _____

PHYSICAL EXAMINATION-INSURANCE

I find this boy/girl physically able to participate in athletics.

DOCTOR'S SIGNATURE _____



DATE OF PHYSICAL _____ **DOCTOR'S STAMP** _____

State law and C.I.F. by-laws require that, in order to be eligible to participate in any Athletic activity, the student must be insured as per the following guidelines:

1. At least \$1,500 insurance protection for medical and hospital expenses in case of accident or injury.
2. The principal and ASB director be notified immediately in case of cancellation.

NAME OF COMPANY _____ **POLICY#** _____

I certify that my son/daughter is covered by valid insurance that meets or exceeds the above requirements to compete in sports/activities. I will maintain this coverage during the current school year or will immediately notify the school is the coverage is terminated.

PARENT SIGNATURE _____ **DATE** _____

ATHLETIC DEPARTMENT EMERGENCY CARD

FATHER _____ DAYTIME PHONE # _____

CELL PHONE # _____ EVENING PHONE# _____

MOTHER _____ DAYTIME PHONE # _____

CELL PHONE # _____ EVENING PHONE # _____

DOCTOR _____ PHONE # _____

In event that my son/daughter requires emergency attention, I hereby authorize the supervising school official or the doctor in attendance to obtain or render any necessary aid. **YES** **NO**

PARENT SIGNATURE _____ **DIRECTOR'S SIGNATURE** _____ **DATE** _____