



Hemet High School Athletics

ATHLETIC ELIGIBILITY

CIF RULES AND District policy require that any student who intends to participate in an athletic contest must comply with special regulations. **These rules are not negotiable and will result in game forfeiture if a school/student fails to comply.** Therefore, if you plan to participate in high school athletics, please be prepared to complete the following documentation:

ALL DOCUMENTS ARE NOW DONE ONLINE

www.AthleticClearance.com (see attached instructions)

Please note: If you do not upload your physical online you MUST turn in a hard copy of your physical and proof of insurance (photocopy of insurance card) to the Athletic office in order to be cleared. All other signed documents need to be done online. If you have any questions please feel free to call the Athletic office at 951-765-5150 ext. 2031.

If you want to participate in multiple sports please note the instructions attached. You will need to register for each additional sport.

It is also required that the following be satisfied:

- Enroll in, attend & pass at least twenty (20) units;
- Maintain a 2.0 GPA
- It is highly encouraged that each student obtain an ASB (Associated Student Body) card (through the ASB Office)

By signing and completing the online process, you acknowledge and verify receipt of online athletic paperwork and agree to all of the policies and procedures set forth for participation.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



Physical Examination

(Please type or print)

Student's Name _____ Birth Date _____
 Last: First Middle

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

| | Normal | Abnormal Findings | Initials* |
|--|--------|-------------------|-----------|
|--|--------|-------------------|-----------|

MEDICAL

| | | | |
|------------------------|--|--|--|
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (males only) | | | |
| Skin | | | |

MUSCULOSKELETAL

| | | | |
|---------------|--|--|--|
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot | | | |

*Station-based examination only

Clearance

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities (Note exceptions above).

Physician's Name and Address (stamp or print)
 If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group

Examiner's Signature _____ Date _____

Examiner's Telephone Number _____

Please upload completed physical form on AthleticClearance.com (online athletic registration for Hemet Unified School District High Schools)