



# HEMET

High School

## 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](http://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: \_\_\_\_\_

## Online Athletic Clearance

1. Visit [www.AthleticClearance.com](http://www.AthleticClearance.com)
2. Watch quick tutorial video
3. **Register.** Parents register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate.
4. Login
5. Select "**New Clearance**" to start the process.
6. Choose the current School Year in which the student plans to participate. Example: *Football in Sept 20xx would be the 20xx-20xx School Year.*
7. Complete all required fields for Student Information, Educational History, Medical History and Signature Forms.
8. Donate to your athletic program or pay participation fees (private schools only).
9. Once you reach the **Confirmation Message** you have completed the process.
10. All of this data will be electronically filed with your school's athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

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## Online Athletic Clearance FAQ

### Multiple Sports

Once you complete a clearance for one sport, most of the information you have entered will be retained in the system. To register for an additional sport, select New Clearance after enter the year, school and sport most of Your information will auto fill.

### Physicals

The physical form your school uses can be downloaded at Step #1 or Student Info at the bottom of the page. Most schools will accept the physical online (done by uploading the completed form on Step #1) as well as turning in a hard copy to the athletic department.







# 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*
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MEDICAL			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genital (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 or supervise 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 \_\_\_\_\_

