

Athletic Department- Mission Hills High School

This message is to let you know that your student-athlete is one step away from being cleared to participate in Athletics at Mission Hills High School.

**The final step in this process requires parent and student signatures in agreement of the consent to participate. Please read, sign and take to ATHLETIC TRAINER, along with a copy of your physical. These two documents serve as your permission to try out. THE FORMS MUST HAVE WET SIGNATURES FOR PARENT AND STUDENT.**

I hereby give my consent for the above named student to participate in activity/sport; travel to and from the school by transportation authorized by the school; be supervised by a representative of the school on any trips; render medical treatment deemed advisable by general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital.

Activities and sports include inherent risks of injury, which may occur because of the nature of the activity/sport. I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son/daughter's dynamic ability to participate in a given sport so that obvious conditions that might be damaged or aggravated by competitive sports can be found, evaluated and treated to prevent further injury. Your child has stated (on the CIF Ethics in Sports) that he/she will act responsibly and abide by all rules and regulations.

I, \_\_\_\_\_ (parent/guardian), have read and digitally signed the following forms on [www.athleticclearance.com](http://www.athleticclearance.com). To the best of my knowledge, my answers to all questions are complete and correct.

**In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports.**

Please initial by the forms you have read and digitally signed

- \_\_\_\_\_ Athletic/ExtraCurricular Pledge
- \_\_\_\_\_ Athletics Participation Permission, Waiver Release and Indemnity Agreement
- \_\_\_\_\_ CIF Risk Awareness
- \_\_\_\_\_ CIF-SD Policy Statement
- \_\_\_\_\_ Communication Guidelines
- \_\_\_\_\_ Concussion Information Sheet
- \_\_\_\_\_ Ethics in Sports
- \_\_\_\_\_ Heat Illness Information Sheet
- \_\_\_\_\_ Parent/Student Authorization for Use of Private Vehicles for Student Transportation
- \_\_\_\_\_ Pre-Enrollment Contact
- \_\_\_\_\_ Prescription Opioid Information Sheet
- \_\_\_\_\_ Pursuing Victory with Honor
- \_\_\_\_\_ School Trip Permission
- \_\_\_\_\_ Statement of Consent
- \_\_\_\_\_ Sudden Cardiac Arrest Information Sheet

**YES    NO** I authorize my child to be transported to emergency room

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

