



Liberty Union High School District – Freedom High School Athlete Medical Authorization and Info

INSTRUCTIONS FOR SPORT CLEARANCE

After completing online registration, print & complete these pages. Athletic and parent must then sign this form and take it to a licensed healthcare provide for medical clearance to participate in athletics. An athlete is not allowed to participate in try-outs, practice, or any physical activity until the following packet is completed and filed online at www.athleticclearance.com or given to the coach.

STUDENT ATHLETE	Athlete's Name				Home Phone #			
					Mobile Phone #			
	Address				Athlete's Email			
	City		CA	Zip Code	Birth Date	Age	Grade	Sex M F
PARENT GUARDIAN	Father's Name			Father's Cell		Fathers Email		
	Mother's Name			Mother's Cell		Mother's Email		
EMERGENCY MEDICAL INFO	Emergency Contact			Relationship		Emergency Contact Phone #		
	Emergency Contact #2			Relationship		Emergency Contact Phone #		
	Medical Insurance HMO PPO Other		Policy #			Policy Owner and Relation to Athlete		

PARENT PERMISSION & TREATMENT AUTHORIZATION

I authorize my son/daughter to participate in the Liberty Union High School District (LUHSD) sponsored activities. I understand and acknowledge that these activities, by their nature, pose and the potential risk of serious injury/illness to individuals who participate in such activities. I understand and acknowledge that participation in these activities is completely voluntary. I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. In consideration of School permitting my son/daughter to participate in all School Athletic Programs and to engage in activities related to his/her participation, including practicing, conditioning, playing, and traveling, I HEARBY acknowledge and VOLUNTARILY ASSUME ALL OF THE RISKS AND HAZARDS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE and to release and hold harmless the above named school district, their trustees, officers, agents, servants, employees, their athletics staffs, all coaches, assistant coaches, physical education teachers, athletic trainers and physicians, from any and all liability arising out of any injuries, however caused, even if caused in whole or in part by the action, negligence, of the release parties to the fullest extent allowed by law. All students who participate in high school athletics including tryouts and open activities MUST carry current health insurance at all times. Ed Code 32221. If you need insurance, please contact the Athletic Director. I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trip. In case this student athlete becomes ill or injured, I authorize school personal to have him/her treated, and I authorize the medical agency to render treatment. The information provided by me is accurate to the best of my knowledge.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

OFFICE USE: ATHLETIC CLEARANCE COMPLETED AND TURNED INTO AD.

MUST HAVE OFFICIAL STAMP TO BE VALID

THIS FORM MUST BE COMPLETED FOR EACH SPORT AND TURNED INTO HEAD COACH.