



Login

User Name (Email):	<input type="text"/>
Password:	<input type="password"/>
	<input type="button" value="Sign In"/>

[Forgot Password](#)

Don't have an account?



Clearances

Clearances Documents Library

Start Clearance Here!



Year	Sport	Student	School	Student Info	Physicals	Medical History	Parent/Guardian Info	Signature	Confirmation ?	Shop	Status ?	Delete
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Clearances

Choose Which Year, School, & Sport

Year *

School *

Sport *

If your schools allows, you will be able to include additional sport/s on the Confirmation page



Step #1 - Student Information

Student already in the system?

Select Student ▼

Name

Birthdate *

First *

Last *

Select Month ▼

Day

Year

Grade in 2019-20 *

Select Grade ▼

Gender *

Male ▼

Student Id *

Student Email *

Student Cell

Cell

Carrier

(Ex:

AT&T,

Verizon)

Student Home Address *

Student Home Phone *

City

State

Zip Code

Insurance Information

Is the student covered by insurance?

Yes

No

Insurance Company *

Insurance Policy Number *

Physician Information

N/A

Primary Physician / Family Doctor *

Physician's Phone Number *

Please enter the preferred hospital you would like your student to be transported to should an emergency arise. This field is required, it cannot be left blank. If none, enter "Nearest Hospital".

Preferred Hospital *

Education History *

- My student has never attended a different high school.
- Student is entering 9th grade
- Student is in elementary or middle school
- Student transferring from another school





Step #2 - Medical History

Do you have or have ever had any of the following:

- | | | | |
|---------------------------------------|----------------------------------------------------|-------------------------------------|----------------------------------------------------|
| Allergies (drug, food, insects, etc) | <input type="radio"/> Yes <input type="radio"/> No | Epilepsy or seizures | <input type="radio"/> Yes <input type="radio"/> No |
| Asthma | <input type="radio"/> Yes <input type="radio"/> No | Diabetes | <input type="radio"/> Yes <input type="radio"/> No |
| Headaches or Migraines | <input type="radio"/> Yes <input type="radio"/> No | Family history of diabetes | <input type="radio"/> Yes <input type="radio"/> No |
| Unconsciousness or blackouts | <input type="radio"/> Yes <input type="radio"/> No | Rheumatic Fever | <input type="radio"/> Yes <input type="radio"/> No |
| Concussion or Head Injury | <input type="radio"/> Yes <input type="radio"/> No | Hepatitis/yellow jaundice | <input type="radio"/> Yes <input type="radio"/> No |
| Dizziness or fainting spells | <input type="radio"/> Yes <input type="radio"/> No | Kidney or bladder problems | <input type="radio"/> Yes <input type="radio"/> No |
| Muscle cramps | <input type="radio"/> Yes <input type="radio"/> No | Stomach trouble or ulcer | <input type="radio"/> Yes <input type="radio"/> No |
| Sickle Cell Trait | <input type="radio"/> Yes <input type="radio"/> No | Mononucleosis | <input type="radio"/> Yes <input type="radio"/> No |
| Heat illness, treated or hospitalized | <input type="radio"/> Yes <input type="radio"/> No | Missing organs | <input type="radio"/> Yes <input type="radio"/> No |
| High blood pressure | <input type="radio"/> Yes <input type="radio"/> No | Hearing/Speech Disorder | <input type="radio"/> Yes <input type="radio"/> No |
| Heart murmur/abnormal heart beat | <input type="radio"/> Yes <input type="radio"/> No | ADD/ADHD | <input type="radio"/> Yes <input type="radio"/> No |
| Family history of heart disease | <input type="radio"/> Yes <input type="radio"/> No | Anxiety/Depression | <input type="radio"/> Yes <input type="radio"/> No |
| | | Painful/Irregular Menstrual Periods | <input type="radio"/> Yes <input type="radio"/> No |
| | | Wears contact lenses/glasses | <input type="radio"/> Yes <input type="radio"/> No |
| | | Surgeries | <input type="radio"/> Yes <input type="radio"/> No |

Broken Bones Yes No

Sport injuries (sprains/strains) in Past Year? Yes No

Sudden death in family before age 55 Yes No

False teeth or bridges Yes No

Current Medications Yes No

Any other disorders or diseases that have required physician evaluation or treatment Yes No

My child has special needs that the staff should be made aware of. Yes No

My child has a special need and/or medication required on this field trip, activity or sport. Yes No

History of skin conditions Yes No

Additional Comments Yes No

Step #3 - Parent/Guardian Information

Parent/Guardian already in the system?

Select Parent/Guardian ▼



Parent/Guardian #1 Name *

N/A

First

Last

Parent/Guardian #1 Business Number *

Parent/Guardian #1 Mobile Number *

Parent/Guardian #1 Email *

Parent/Guardian #2 Name *

N/A

First

Last

Parent/Guardian #2 Business Number *

Parent/Guardian #2 Mobile Number *

Parent/Guardian #2 Email *

Student is living with? *

Other Emergency Contact Info (Other than Parent or Guardian)

Name *

Relationship to Student *

Contact Number *

Who is filling out this form?*

College Recruiting Process



We have teamed up with NCSA to help support athletes who want to play sports in college. You will be emailed a free recruiting profile **by NCSA** to help with exposure to over 35,000 college coaches, and an NCSA recruiting coordinator will reach out to offer personalized guidance with your recruiting process.

- Yes, I want to play sports in college! **Please share my contact info with NCSA.**
- No thanks

STEP 7

Step #4 - Signatures

Please sign correct electronic signature. NOTE: Parent/Guardian signatures first, followed by Student signatures. Please sign full name.

Parent/Guardian Signature

Parent Signature (Online) *

Please Sign Correct Signature

Statement of Consent

I hereby give my consent for the above named student to compete in athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the 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, whether such diagnosis or treatment is rendered at the

Parent Signature (Online) *

Please Sign Correct Signature

Classroom Dismissal Consent

Student athletes may not meet for athletic classes on the days of events or may be dismissed early from classes for events.

Parent Signature (Online) *

Please Sign Correct Signature

Legal Custody

Under penalty of perjury, the undersigned residents of California state they are parents, guardians or the other person having legal custody of the minor.

Parent Signature (Online) *

Please Sign Correct Signature

Modified Practice Time Consent

It is understood that practice may be held at a time other than the assigned class period listed on the student schedule.

Parent Signature (Online) *

Please Sign Correct Signature

Code of Conduct

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra- curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

Download Form: [Code of Conduct](#)

Parent Signature (Online) *

Please Sign Correct Signature

Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.

Download Form: [Concussion Information Sheet](#)

Parent Signature (Online) *

Please Sign Correct Signature

HBUHSD & Athletic Department Rules & Regulations

In order to ensure a meaningful, and successful athletic program, the administration, athletic directors and coaches have established certain standards of conduct and training for the young men and women who participate in co-curricular activities at our schools. The standards presented here have evolved out of tradition which emphasizes mental, physical and ethical values of the highest order. It is our sincere hope that the experience which students have in the co-curricular program will prepare them for a healthy, happy and worthwhile life. No athlete shall be denied the opportunity to participate due to

Download Form: [HBUHSD & Athletic Department Rules & Regulations](#)

Parent Signature (Online) *

Please Sign Correct Signature

Policies and Expectations

Our mission in athletics is for you to be a part of something great! Enjoy your team and friends, learn something every day from your coaches, show character and sportsmanship at all times and above all have fun! High school athletics will be some of your fondest memories. Play as many sports as possible, go to as many games as you can, and proudly display your Lion Pride!

This course is different than traditional physical education courses, although the grading policy is the

Download Form: [Policies and Expectations](#)

Parent Signature (Online) *

Please Sign Correct Signature

Sudden Cardiac Arrest Information Sheet

Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or

Download Form: [Sudden Cardiac Arrest Information Sheet](#)

STEP

8

[Back To Clearances](#)

Westminster

Section: CIF-SS

Address: 14325 Goldenwest Street, Westminster CA 92683

Phone: (714) 893-1381-4285

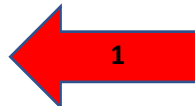
You have successfully completed the registration for "Jackie Millwood" to play Football (11 man) for Westminster!.

Thank you for registering to participate in athletics at Westminster High School. The final step in the clearance process is to turn in the student/athlete participation physical form. Once that is done, you will receive an email from the athletic office stating the student/athlete has been cleared to participate.

[Print Friendly Page](#)

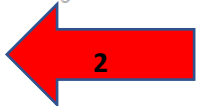
Would you like to apply this Clearance to additional sports/activities?

- | | | | |
|--------------------------------------------------|--------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball, Boys | <input type="checkbox"/> Basketball, Girls |
| <input type="checkbox"/> Cross Country, COED | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Golf, Boys | <input type="checkbox"/> Golf, Girls |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Soccer, Boys | <input type="checkbox"/> Soccer, Girls | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Swimming & Diving, COED | <input type="checkbox"/> Tennis, Boys | <input type="checkbox"/> Tennis, Girls | <input type="checkbox"/> Track & Field, COED |
| <input type="checkbox"/> Traditional Competitive | <input type="checkbox"/> Volleyball, Boys | <input type="checkbox"/> Volleyball, Girls | <input type="checkbox"/> Water Polo, Boys |
| Cheer | <input type="checkbox"/> Water Polo, Girls | <input type="checkbox"/> Wrestling | |



Select all the sports you are interested in NOW as it saves time later!

I, the parent guardian of the student, acknowledge that my electric signatures will be applied to all additional clearances. *



Fall Sports	Winter Sports	Spring Sports
Cross Country, COED	Basketball, Boys	Badminton
Field Hockey (Girls)	Basketball, Girls	Baseball
Golf, Girls	Soccer, Boys	Golf, Boys
Tennis, Girls	Soccer, Girls	Softball
Traditional Competitive Cheer	Water Polo, Girls	Swimming & Diving, COED
Volleyball, Girls	Wrestling	Tennis, Boys
Water Polo, Boys		Track & Field, COED
		Volleyball, Boys

Note: Cross Country, Basketball, and Soccer athletes frequently compete in Track & Field in the Spring. Water Polo athletes generally participate in Swim in the Spring. **You MUST complete clearance for ALL sports in which you wish to participate.**