

Washington High School Athletic Department

Concussion Test (FB only) _____

Clearance Form

AD _____

Section 1

Section 2

Athletes Name:

Last:	First:	MI:
DOB: (MM/DD/YYYY)		
Address:		
City:	St:	Zip:
Home Phone: () - / Other: () -		
Student ID:		
Grade: 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Gender		

Check Sport of Participation: (New form must be filled out for each sport participating in.)
Please place an X next to the sport you are trying out for.

<p>Fall Season</p> <input type="checkbox"/> Cross Country <input type="checkbox"/> Football <input type="checkbox"/> Girls Tennis <input type="checkbox"/> Girls Volleyball <input type="checkbox"/> Water Polo <input type="checkbox"/> Cheerleading <input type="checkbox"/> Gymnastics <input type="checkbox"/> Girls Golf	<p>Winter season</p> <input type="checkbox"/> Boys Basketball <input type="checkbox"/> Girls Basketball <input type="checkbox"/> Boys Soccer <input type="checkbox"/> Girls Soccer <input type="checkbox"/> Wrestling	<p>Spring Season</p> <input type="checkbox"/> Badminton <input type="checkbox"/> Baseball <input type="checkbox"/> Boys Golf <input type="checkbox"/> Boys Tennis <input type="checkbox"/> Softball <input type="checkbox"/> Swimming <input type="checkbox"/> Track <input type="checkbox"/> Boys Lacrosse <input type="checkbox"/> Girls Lacrosse <input type="checkbox"/> Boys Volleyball
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\$50.00 WHS Athletic Department Sports Donation PD ____
(Make check payable to WHS Athletics)

The FUSD donations can be sent directly to FUSD at:
4210 Technology Dr.
Fremont, CA. 94538

Section 3

Section 4

Parents/Guardian Information (Please print clearly)
Father , Mother , Grandparent , Other Legal Guardian

Last:	First:
Address:	
City:	St: Zip:

Phone:
Home: () - Cell: () -
Work: () -
E-mail:

Father , Mother , Grandparent , Other Legal Guardian

Last:	First:
Address:	
City:	St: Zip:

Phone:
Home: () - Cell: () -
Work: () -
E-mail:

If you cannot be reached in case of an emergency please give us a second contact name and phone number:
Last: **First:** (Friend , Other
Phone: () -

Medical Insurance Verification (STATE REQUIREMENT)
(\$1,500.00 minimum medical insurance coverage is required.
Supplementary medical insurance may be purchased by students/families.
Information is available in the Athletic Director's office).

Insurance Company:

Address:

City: **St:** **Zip:**

Phone: () - / **Other:** () -

ID Number:

Group number:

Policy Number:

Hospital Name:

Address:

City: **St:** **Zip:**

Phone: () - / **Other:** () -

Consent - Medical Treatment/Permission to Play
My child has my permission to participate in interscholastic athletics. I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a physician and/or be taken to the nearest hospital in the event that such treatment is deemed necessary. I will accept the judgment of the person in charge of the activity. I further acknowledge that I have read and understood the 'Warning to Students and Parents' section concerning the risks involved with participation in interscholastic athletics. I, as the athlete, give my permission to receive first aid services whenever deemed necessary.
Preferred Hospital or Facility: (When practical)

Section 5

Section 6

Acknowledgement of the WHS Athletic Code and concussion packet we have read and understand the concussion form provided by the school in the sports packet. For current and up-to-date information on concussions I can go to: <http://www.cdc.gov/concussionInYouthSports/>
We hereby acknowledge that we have read and understand the WHS Academic regulations that govern eligibility of prospective student-athletes. We also acknowledge the 'Warning to Student-Athletes and Parents' of risk of Athletic participation. Washington High School competes in the MVAL, which is a member of the North Coast Section and California Interscholastic Federation, therefore we must meet the academic, athletic, citizenship and residential requirements included herein and agree to abide by them. We also understand that competing in athletics is a privilege and not a right; if just cause can be shown it can be revoked at any time.

Parent Signature _____ Date _____ Student-Athlete Signature _____ Date _____