



# ATHLETICCLEARANCE.COM

School Year 2020-2021

New to AthleticClearance; Returners go to page 2

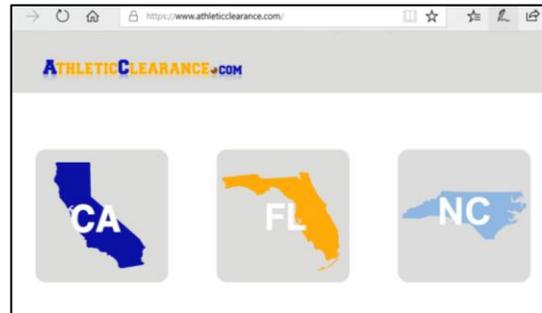


## 2020-2021 CLEARANCE DEADLINES

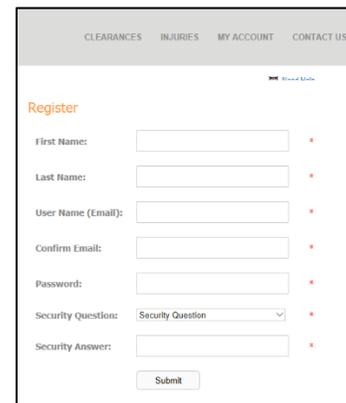
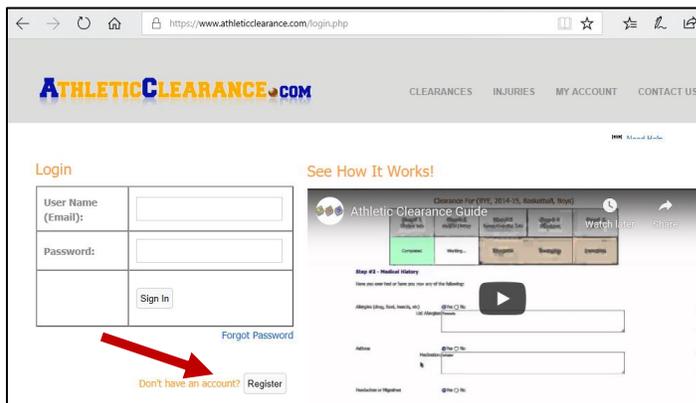
FALL SPORTS – OCTOBER 15TH

SPRING SPORTS – JANUARY 15TH

1. Go to [www.AthleticClearance.com](http://www.AthleticClearance.com) – select CA



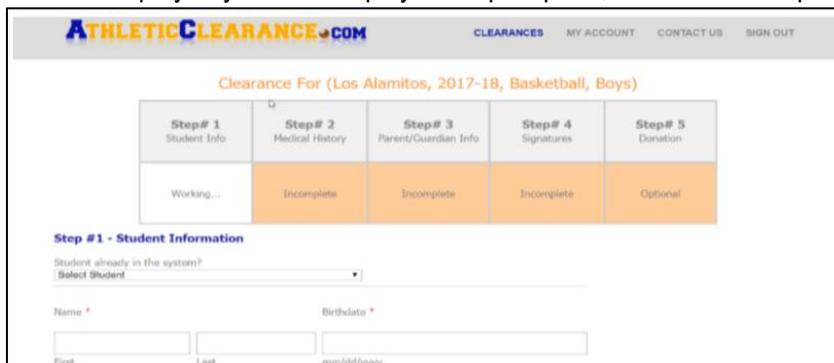
2. Click on the **Registration** button at the bottom; Using parent/guardian’s info and email, create an account



3. Once you’ve created an account, you’ll see the following:



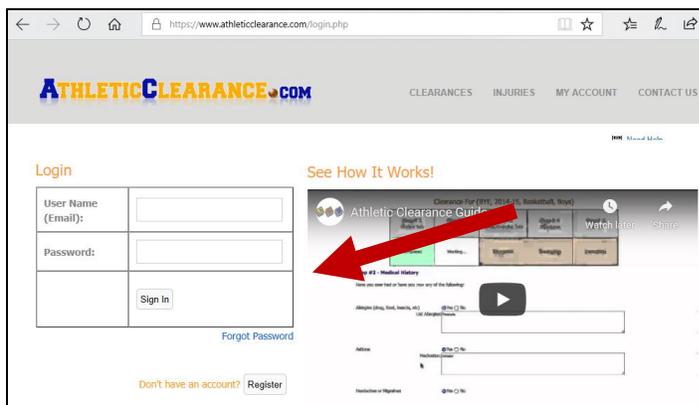
4. Click on the “**Start Clearance Here**” button, choose correct year, Millikan HS as the school and select the sport your child will play. If you student plays multiple sports, select the first sport in season.



There are 4 parts of online information and signatures that you need to complete... you will be REQUIRED to UPLOAD the athlete's physical exam form. In the last section, please check off any other sports your athlete MAY play during the school year. Once you complete the online portion, a confirmation page will generate. **Instead of submitting your confirmation and physical to the main office, due to COVID restrictions, please forward your athletic clearance confirmation page to the School / Athletic Secretary, Lissa Kukahiko at LKukahiko@LBSchools.net** \*Sample of confirmation page and physical form provided on page 3.

## **RETURNERS TO ATHLETICCLEARANCE.COM**

1. Instead of creating a new account log in, use your existing account information from the previous school year.



2. After logging in you, click on **Start Clearance Here!**



3. At the top of step #1 you will see a pull down option labeled "Select Student"; Select the name you wish to complete the clearance and some of your information will auto-fill from the previous year's clearance. There are 4 parts of online information and signatures that you need to complete... you will be REQUIRED to UPLOAD the athlete's physical exam form. In the last section, please check off any other sports your athlete MAY play during the school year. Once you complete the online portion, a confirmation page will generate. **Instead of submitting your confirmation and physical to the main office, due to COVID restrictions, please forward your athletic clearance confirmation page to the School / Athletic Secretary, Lissa Kukahiko at LKukahiko@LBSchools.net** \*Sample of confirmation page and physical form provided on page 3.

# CONFIRMATION VS. CLEARANCE EMAILS

You will receive a confirmation email once you have finished the online registration for your athlete. Your athlete is **NOT CLEARED** until the confirmation page and physical exam has been submitted and reviewed by the athletic secretary. \*If there is any incomplete clearances, you will be notified through email from the Athletics Department.

## CONFIRMATION EMAIL

**From:** Athletic Department <noreply@home-campus.com>  
**Date:** August 25, 2020 at 10:19:46 AM PDT  
**To:**  
**Subject:** Millikan Registration Confirmation

Dear Jane Ram,

This message is to let you know Joe Ram has started the Athletic Clearance process to participate in Soccer, Boys for Millikan.

Please verify that you have uploaded your completed physical and completed all the necessary online forms and correct signatures on the signature sections. The final step in this process requires parent and student signatures in agreement of the consent to participate. Please read, sign and return to the Athletic office along with your completed SIGNED CONFIRMATION PAGE and the original PHYSICAL EXAM FORM that was uploaded online.

## CLEARANCE EMAIL

**From:** Athletic Department <noreply@home-campus.com>  
**Date:** August 25, 2020 at 11:16:07 AM PDT  
**To:**  
**Subject:** Student Clearance

Dear Jane Ram,

This message is to let you know Joe Ram has been cleared to participate in Soccer, Boys for Millikan.

Thank You,

Athletic Department

# SAMPLE OF CONFIRMATION PAGE AND PHYSICAL FORM

Instead of submitting your confirmation and physical to the main office, due to COVID restrictions, please email / forward your athletic clearance confirmation page to the School / Athletic Secretary, Lissa Kukahiko at [LKukahiko@LBSchools.net](mailto:LKukahiko@LBSchools.net)

**ATHLETIC CLEARANCE.COM**

Millikan  
 Sections: CIF-SS  
 Address: 2800 Snowden Ave, Long Beach CA 90815  
 Phone: (562)425-7411-4140

**NO IMAGE AVAILABLE**

**Back To Clearances**

You have successfully completed the registration for **John Ram** to play Soccer, Boys for Millikan!

Dear Jane Ram,  
 This message is to let you know John Ram has started the Athletic Clearance process to participate in Soccer, Boys for Millikan.

Please verify that you have uploaded your completed physical and completed all the necessary online forms and correct signatures on the signature sections. The final step in this process requires parent and student signatures in agreement of the consent to participate. Please read, sign and return to the Athletic office along with your completed SIGNED CONFIRMATION PAGE and the original PHYSICAL EXAM FORM that was uploaded online.

I hereby give my consent for B KEKOA Kukahiko, hereafter 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 office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

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

Nurse Signature \_\_\_\_\_ Physical Expiration: \_\_\_\_\_

Athletic Secretary Initials \_\_\_\_\_ GPA \_\_\_\_\_ CLEARED \_\_\_\_\_ UNCLEARED \_\_\_\_\_

NOTES: \_\_\_\_\_

Thank You,  
 Millikan High School  
 Athletic Department

**PARTICIPATION PHYSICAL EXAMINATION FORM**

This form must be completed (all areas), signed by a physician, stamped with agency/office stamp and returned to the School Nurse before athletic/spirit group clearance can be issued.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sports: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_

CIRCLE ANY OF THE FOLLOWING THAT APPLY: DIABETES SEIZURES ASTHMA HEART CONDITION

DATE OF PHYSICAL EXAMINATION: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Hearing:  Passed Right/Left +25 dB's all frequencies  Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Both 20/\_\_\_\_ Corrected?: Y N  
 Failed \_\_\_\_\_  Not Done

MEDICAL	NORMAL	ABNORMAL FINDINGS
General Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)*		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck		
Back (including scoliosis screen)		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

\*Having a third party present is recommended for the genitourinary examination.

Assessment: \_\_\_\_\_

Cleared for all sports without restrictions.  
 Not cleared - Reason \_\_\_\_\_  
 Deferred - Requires further evaluation - Reason: \_\_\_\_\_

Agency/Office stamp here

Name of physician (print) \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Physician \_\_\_\_\_ M.D. or D.O. Today's date: \_\_\_\_\_  
 (Must be a licensed medical doctor)