

1. Log in to your [AthleticClearance.com](https://AthleticClearance.com) account.
2. Find the sport you would like to tryout for the upcoming season. Under the “Confirmation” for that sport\*, click “View” and then print that Confirmation page. The parent/guardian and student will need to sign and date this Confirmation, then turn it into the Westview Athletics office by the [deadline](#) for that designated sport season.

Year	Sport	Student	School	Student Info	Physicals	Medical History	Parent/Guardian Info	Signature	Confirmation	Shop	Status	Delete
2018-19	Badminton	Wally Wolverine	Westview	Completed	Completed	Completed PRINT	Completed	Completed	<b>View</b>	View	Cleared	
2018-19	Baseball	Wally Wolverine	Westview	Completed	Completed	Completed PRINT	Completed	Completed	View	View	Uncleared	
2018-19	Roller Hockey	Wally Wolverine	Westview	Completed	Completed	Completed PRINT	Completed	Completed	View	View	Uncleared	

\*If you don't see the sport you would like to tryout for... Click “View” under “Confirmation”, scroll to the bottom and check the box(es) for the sport(s) you would like to add. Be sure to mark the Parent Statement and click “Submit”.

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

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball, Boys	<input type="checkbox"/> Basketball, Girls	<input type="checkbox"/> Cheer Fall
<input type="checkbox"/> Cross Country, COED	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Football (11 man)	<input type="checkbox"/> Golf, Boys
<input type="checkbox"/> Golf, Girls	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Lacrosse, Boys	<input checked="" type="checkbox"/> Lacrosse, Girls
<input type="checkbox"/> Roller Hockey	<input type="checkbox"/> Soccer, Boys	<input type="checkbox"/> Soccer, Girls	<input type="checkbox"/> Softball
<input type="checkbox"/> Swimming & Diving, COED	<input checked="" 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
<input type="checkbox"/> Cheer	<input type="checkbox"/> Water Polo, Girls	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Wrestling, Girls

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

Clicking “Submit” will take you back to the “Clearances” screen. Select the sport you would like to tryout for under the “Confirmation” for that sport. Click “view” and then print that Confirmation page. The parent/guardian and student will need to sign and date this Confirmation, then turn it into the Westview Athletics office by the [deadline](#) for that designated sport season.

**Confirmation Message** [On Back](#)

Westview High School  
 Section: CIF-SDS  
 Address: 13500 Camino Del Sur, San Diego, CA 92129  
 Phone: 619 700 2000 x 2007

Dear Christina Schatz,

This message is to let you know you have started the Athletic Clearance process to participate in Lacrosse, Girls for Westview for the 2018-19 school year. Please continue to monitor your email for final sport clearance, or if there is additional information that may be needed. An email will be sent once your student has been cleared to pick up a Ticket to Play.

The final steps in this process require parent/guardian and student signatures in agreement of the consent to participate. Please read, sign, and return to Westview Athletics the following documents:

1. This Clearance Confirmation page – signed by both parent/guardian and student-athlete. *Note* – the signatures on this page indicate that both the student-athlete and parent/guardian have read each of the electronic forms in Step 4, “signatures” section.
2. Completed Health History & Physical Exam forms (Physical must be completed by a California Licensed Health Care Provider) Physicals are valid for one year and must remain valid through entire selected sports season. If a valid Health History & Physical Exam are already on file from a previous season within the past year, you do not need to submit an additional copy. Any new injuries sustained after forms are submitted, must be reported before the new season begins.
3. If applicable, Complete Authorization to Carry Medication Form H-20b

**MEDICATION** Prescription and over-the-counter medications are permitted only with a written consent from the physician and parent/guardian authorizing their use. The consent is on file by the physician. If you are on prescription medication, or if you have a history of medication use, you must be cleared by the physician. Consent for participation in sports is not valid until the physician has reviewed the medication. If you are on prescription medication, please contact the physician for instructions. If you are on over-the-counter medication, please contact the physician for instructions. If you are on over-the-counter medication, please contact the physician for instructions. If you are on over-the-counter medication, please contact the physician for instructions.

Have you participated in a sport during the 2018-19 school year? \_\_\_\_\_

If yes, what sport(s)? \_\_\_\_\_

I hereby give my consent for Wally Wolverine, 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 transported to the medical facility 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 or 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 it gives 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 necessary and advisable. This authorization shall remain effective until the end of the school year unless sooner rescinded and delivered to the school. I am aware that injuries may occur while participating in interscholastic athletics. I have been advised of this risk.

Parent Signature \_\_\_\_\_  
 Student Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Grade level (circle one) 9 10 11 12

Thank you,  
 Westview Athletics