

**PALMA HIGH SCHOOL ATHLETIC ELIGIBILITY CLEARANCE**

**STUDENT** \_\_\_\_\_  
 \_\_\_\_\_  
 LAST FIRST MIDDLE  
**ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
 NUMBER STREET CITY/ZIP

**SPORT(S)**

FALL \_\_\_\_\_  
 WINTER \_\_\_\_\_  
 SPRING \_\_\_\_\_

PRESENT GRADE \_\_\_\_\_  
 BIRTHDATE \_\_\_\_\_  
 PHONE \_\_\_\_\_

TO THE PARENT / GUARDIAN: (Please read items 1-3 carefully before signing). In order to participate in athletics, all participants must pass a physical examination by a physician, be insured against athletic injuries, and acknowledge the below policies in writing.

1. **INSURANCE:** I understand that Palma High School does NOT carry athletic insurance for athletes and is NOT responsible or liable for athletic injury. Each athlete, by law, must have health insurance.

\_\_\_\_\_ My son is covered under our family health medical plan.

Name of company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Company Phone #: \_\_\_\_\_

\_\_\_\_\_ My son is not insured and needs to purchase health insurance through Palma.

2. **ATHLETIC PARTICIPATION, TRIP CONSENT, EMERGENCY AUTHORIZATION, REPORTING OF ATHLETIC INJURIES AND FRAUD POLICIES:** I hereby give my consent for the above named student to compete in Palma Athletics and to go with a representative of the school on any athletic trip as a Palma athlete. In case my son is injured, Palma is authorized to have him treated and we transfer the right of privacy concerning this medical emergency to the appropriate school representative. It is understood that exhaustive efforts will be made to contact us before treatment is given. We understand and agree that we are financially responsible for any care so procured. We also understand the responsibility for reporting of injuries to the coach is placed on the athlete and/or parent. We also recognize that under CIF bylaw 200.D., there will be penalties for providing false or fraudulent information to Palma in an effort to circumvent any pertinent rule or policy.

3. **USE OF STERIODS & SUBSTANCE ABUSE POLICIES:** Both the participating athlete and the parent/legal guardian hereby agree that the student shall refrain from using androgenic/anabolic steriods without the written prescription of a physician to treat a medical condition. We also will abide by the Palma High School Athletic Department policy regarding the use of illegal substances, drugs, alcohol and tobacco, and fully understand that severe penalties exist for violation of these policies.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

GPA verify

Previous Year \_\_\_\_\_  
 1st Quarter \_\_\_\_\_  
 1st Semester \_\_\_\_\_  
 3rd Quarter \_\_\_\_\_

All Forms cleared

Fall \_\_\_\_\_  
 Winter \_\_\_\_\_  
 Spring \_\_\_\_\_

PPC Meeting

Fall \_\_\_\_\_  
 Winter \_\_\_\_\_  
 Spring \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:** \_\_\_\_\_

	NAME	PHONE NUMBER
<b>Additional Contacts:</b>		
Relative/ Neighbor	_____	_____
	NAME ADDRESS	PHONE
Son's Doctor	_____	_____
	NAME ADDRESS	PHONE

Does this athlete have a health conditon which may affect him in school? YES NO  
 Explanation of health condition: \_\_\_\_\_

Is this child taking medication regularly?	YES	NO
Kind of Medication	When to be Administered	Prescribing Physician
_____	_____	_____
_____	_____	_____

**Notes:**

**The above mentioned student is eligible to participate in try-outs and competitions.**

\_\_\_\_\_ Date \_\_\_\_\_  
 Athletic Director's Signature