



# DANA HILLS HIGH SCHOOL



WWW.DANAHILLSATHLETICS.COM

## 2019-20 ONLINE ATHLETIC CLEARANCE

### INSTRUCTIONS

#### CHECK LIST

- 1. Visit [www.athleticclearance.com](http://www.athleticclearance.com)
- 2. Review the tutorial video for a quick reference instructional guide.
- 3. Create and account. Click the "Register" button if you do not have an account. Provide a valid email address and password. *Note: It is important that you include a valid email address. Email verification is required prior to registration.*
- 4. Once you create an account, you will receive a code (via email or on screen). Enter this code to continue the process. *Please check your junk/spam folder if you did not receive the confirmation email.*
- 5. Now LOGIN at [www.athleticclearance.com](http://www.athleticclearance.com) using the username and password you created via the instructions above.
- 6. SELECT the "New Clearance" button (upper left corner) to get started.
- 7. SELECT the year **2019-20** DANA HILLS HIGH SCHOOL, and also your first season of sport.
- 8. Section # 1: Student Information
  - a. COMPLETE all required fields.
  - b. STUDENT ID: not required
  - c. INSURANCE – All athletes are required to have insurance. *(If you would like to obtain insurance, please contact the athletics office for a list of resources.)*
- 9. Section # 2: Medical History  
COMPLETE all required fields
- 10. Section # 3: Parent/Guardian Information  
COMPLETE all required fields
- 11. Section # 4: Signatures
  - a. Parent/Guardian Signature: Initial all forms
  - b. Student Signature: Initial all forms
  - c. Click Submit
- 12. You will receive an email confirmation that you must print out and sign, verifying you have given your consent to each form. **Please return the signed confirmation, the physical form and a copy of your insurance card** to DHHS Athletics Office to receive your athletic clearance for the **2019-20** school year.

Attn: **Multiple Sport Athletes** will need to re-login to print each sports confirmation page.

#### RETURN ALL 3 ITEMS TO THE DANA HILLS ATHLETIC OFFICE PRIOR TO PRACTICE OR TRYOUTS.

- 1. SIGNED CONFIRMATION PAGE BY STUDENT AND PARENT
- 2. SIGNED PHYSICAL FORM BY PHYSICIAN AND PARENT. MAKE SURE DOCTOR'S OFFICE STAMP IS ON THE FORM.
- 3. COPY OF INSURANCE CARD



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CAPISTRANO UNIFIED SCHOOL DISTRICT  
ATHLETIC INSURANCE VERIFICATION

Education Code Section 32221.5. Under state law, school districts are required to ensure that all members of school athletic teams have accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: 1(800)281-9799.

If you have at least \$1500, accidental bodily injury insurance, please fill out ITEM 1 below (medical card required).  
If you do not have accidentally bodily injury benefits for your son, daughter, or ward, please fill out ITEM 2 below.

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ITEM 1 The athlete has accidental bodily injury insurance providing at least \$1500 of scheduled medical hospital benefits.

ATHLETE'S NAME

PARENT/GUARDIAN SIGNATURE

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**ITEM 1 PROOF OF INSURANCE IS REQUIRED**

**\*\*\*PLEASE ATTACH A PHOTOCOPY OF  
INSURANCE CARD HERE\*\*\***

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ITEM 2 The athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVENSON & TOOHEY APPLICATION and mail directly to Myers-Stevens & Toohey & Co. Inc.

ATHLETE'S NAME

INTERSHOLASTIC  
TACKLE FOOTBALL  
9-12 GRADES

(SEE MYERS STEVENSON WEBSITE ([www.myers-stevens.com](http://www.myers-stevens.com)) FOR APPLICATION AND PRICING)

FULLTIME (2417) SCHOOL TIME  
ACCIDENT PLAN  
(BOTH PLANS COVER ALL INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL) DENTAL PLANS

(SEE MYERS STEVENSON WEBSITE ([www.myers-stevens.com](http://www.myers-stevens.com)) FOR APPLICATION AND PRICING)

*We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested.  
(Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)*

Parent/Guardian Signature

Date



# Confirmation Message

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CAPISTRANO UNIFIED SCHOOL DISTRICT

San Juan Capistrano, CA 92675

Clearance Confirmation Message: Email #1

This message appears as a step during the online athletic clearance process. CUSD uses this message as an additional layer of confirmation, requiring parents/guardians and students to print and sign the page and turn it into the Athletic Department.

Dear [Redacted]

This message is to let you know [Redacted] started the Athletic Clearance process to participate in Baseball for Dana Hills.

The final step in this process requires parent and student signatures in agreement of the consent to participate and verifying digital signatures.. Please read, sign and return to the Athletic office along with your completed physical and insurance verification forms (if you did not upload them).

I hereby give my consent for [Redacted] 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.

Your signature also verifies that you and [Redacted] initialed the following documents digitally on athleticclearance.com:

- Athletic Code of Honor
- Concussion Information Sheet
- Insurance Verification
- NCAA Acknowledgement & Clearance
- Social Media Acceptance Policy
- Sports Waiver and Release of Liability
- Statement of Consent
- Sudden Cardiac Arrest Information Sheet

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

Student Athlete \_\_\_\_\_

Date \_\_\_\_\_

Thank You

Dana Hills High School Athletic Department