



Co-Curricular Clearance/Eligibility Packet

List Sports Interested In:

Name: _____
Please Print Clearly

Name of Last School Attended: _____

If student has attended any other school outside of Central Unified, he/she MUST complete a CIF application and turn in with packet

Central Unified School District

Students will not be allowed to try-out or participate unless the following have taken place.

1. Complete the online registration through our athletic website
2. Return this packet to the athletics office completed with an updated physical

Do not turn into Coaches or advisors

- CUSD Co-Curricular and Residence Eligibility
- CUSD Sports Physical Form
- CIF Code of Ethics
- CIF Ethics in Sports
- CUSD Pursuing Victory with Honor
- CUSD Athletic Ethical Conduct
- CIF Parent/Guardian Code of Ethical Conduct
- CUSD Field Trip Code of Conduct
- CUSD Student Excursion & Transportation Agreement
- CUSD Participation/ Website/ Emergency Information
- CIF Concussion Form
- CUSD Voluntary Drug Testing Program

I have read and verify that I understand and signed all the above documents online at <https://www.familyid.com/central-unified-school-district>

Parent Signature

Date

Student Signature

Date

Student Name: _____ School: _____
 Address: _____ Grade: _____ Date of Birth: _____ Ph
 one Number: _____ Cell Number: _____

Parent's or Guardian's Permission and Release

I hereby give my consent for the above-named student to represent his or her school in competitive sports except those indicated on this form by the examining physician. I also give my consent for the student to accompany the school team on any of its local or out-of-town trips. The Central Unified School District Board of Education has no responsibility to provide first aid at any of the games and the parent or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physicians assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, then the parents/guardians do hereby release and forever discharge such persons and the Central Unified School District Board of Education from any liability arising out of any first aid or immediate treatment of injuries.

Health History: To be completed by the Parent/Guardian (Answer "Yes" or "No" Only)

	Yes	No		Yes	No
1. Chronic/Recurring illness	_____	_____	21. Physician limiting participation due to heart problems	_____	_____
2. Hospitalization or surgery	_____	_____	22. Problem with blood/anemia	_____	_____
3. Under care of physician	_____	_____	23. Problem with liver, spleen or kidneys	_____	_____
4. Currently taking any medication	_____	_____	24. Mononucleosis within last year (if yes, month/year _____)	_____	_____
5. Organs missing/removed	_____	_____	25. Hernia	_____	_____
6. Easily overheated	_____	_____	26. Neck/back/spine injury or pain	_____	_____
7. Heat stress/exhaustion/stroke	_____	_____	27. Hand/wrist/arm injury or pain	_____	_____
8. Injuries under care of physician	_____	_____	28. Knee/hip injury or pain	_____	_____
9. Headaches	_____	_____	29. Foot/ankle/leg injury or pain	_____	_____
10. Head injury & loss of consciousness	_____	_____	30. Sudden death of family member before age 50	_____	_____
11. Concussions (how many _____)	_____	_____	31. Cancer	_____	_____
12. Dizziness/fainting	_____	_____	32. Recent weight loss or gain	_____	_____
13. Seizures/epilepsy	_____	_____	33. Immunizations current	_____	_____
14. Diabetes	_____	_____	34. Tetanus shot (what year _____)	_____	_____
15. Vision problems	_____	_____	35. Ringworm	_____	_____
16. Glasses/contacts	_____	_____	36. High blood pressure	_____	_____
17. Asthma/wheezing/inhaler	_____	_____	37. For females, age at onset of periods	_____	_____
18. Allergies: pollen, stinging insects, food	_____	_____	38. Period regular or irregular	_____	_____
19. Chest pain/dizziness with exercise	_____	_____			
20. Heart murmur/rhythm problem	_____	_____			

Please describe any "YES" answers above or list anything not mentioned: _____

An athletic physical arranged by the school district is not a complete physical examination. It is a screening to detect obvious impairments that might affect the student's safety in sports participation. This evaluation should not be used as a substitute for regular health maintenance examinations with your personal physician.

Verified by: PARENT/GUARDIAN SIGNATURE _____

DATE _____

PHYSICAL SCREENING

HT _____ WT _____ BP _____ Eyes _____ Pulse (resting) _____ (after exercise) _____

General _____ Chest _____ Heart _____ Abdomen _____

GU/Hernia _____ Neck/Back _____ Extremities _____

Limitations: Yes _____ No _____ (If "yes" list limitations in the Comments area below)

Comments: _____

I verify that _____ has been examined by me on _____
 (Student's Name) (Date)

To the best of my knowledge, the above named student is physically able to participate in interscholastic athletics.

Physician/Practitioner Name (please print or type) _____

Physician/Practitioner Signature _____

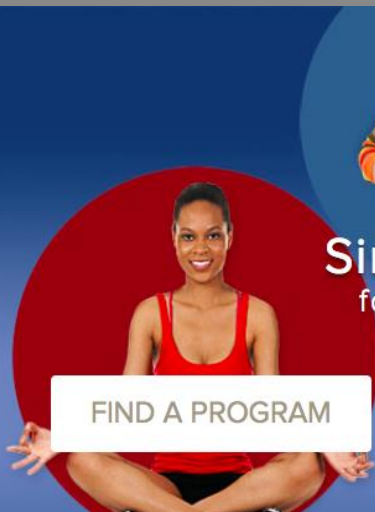


FamilyIDTM

ONLINE REGISTRATION

Please follow the steps

1. Go to our website
chs.centralunified.org
2. Click Co-Curricular
3. Click Athletics
4. Click Family ID button
5. Scroll down and click proper season of sport
6. Scroll down log-in or sign-up for an account
8. Go to personal email and click link to activate account
9. Click Log-in and enter email & password
10. Scroll down and answer corresponding questions as it applies to you
11. Finalize and Save documents
12. Check website for clearance



FIND A PROGRAM



Simple online registration
for all your programs and activities

REQUEST A DEMO

