

**CALIFORNIA SCHOOL FOR THE DEAF – ATHLETIC CLEARANCE FORM**  
**School Year 2011-2012**

(Please initial sports you are trying out for)

**FALL**

\_\_\_\_ Cheerleading  
 \_\_\_\_ Football  
 \_\_\_\_ Volleyball

**WINTER**

\_\_\_\_ Cheerleading  
 \_\_\_\_ Boys Basketball  
 \_\_\_\_ Girls Basketball  
 \_\_\_\_ Wrestling

**SPRING**

\_\_\_\_ Baseball  
 \_\_\_\_ Softball  
 \_\_\_\_ Boys/Girls Track & Field

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<b>Student's Name</b>	<b>Date of Birth</b>	<b>Grade</b>
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<b>Present Address</b>	<b>City/State</b>	<b>Zip Code</b>
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<b>Home Phone Number</b>	<b>Work Phone Number</b>	<b>Cell Phone Number</b>
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<b>E-mail Address</b>	<b>Pager Address</b>	<b>Unisex T-Shirt Size</b>
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By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, and follow a proper conditioning program and inspect their own equipment daily.

**PARENT/GUARDIAN'S CONSENT:** By signing this Clearance Form, we acknowledge that we have read the above information. Parents or students who do not wish to accept the risks described in this warning should not sign this Clearance Form.

We further agree not to hold the school or anyone acting upon its behalf responsible for any injury occurring to the above-named student in the proper course of such athletic activities or travel.

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<b>Student's Signature</b>	<b>Date</b>
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<b>Parent/Guardian's Signature</b>	<b>Date</b>
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**EMERGENCY INFORMATION:** In the event of an accident or emergency, we give consent for the above-named student to receive, through a medical doctor of the school's choice, emergency medical care that may become reasonably necessary in the course of such athletic activities or such travel.

**INSURANCE CERTIFICATION (REQUIRED)** – California School for the Deaf does not provide the required medical coverage for its athletes, please provide the following insurance information as evidence of your child's medical coverage on the ***Authorization for Medical Care and Treatment*** form. If your student is not insured, the school office can furnish you with an application for medical coverage through an independent company. All costs for such insurance coverage will be the sole responsibility of the parent or responsible guardian.

The ***Authorization for Medical Care and Treatment*** form must be completed and signed by you.