

Date May 22 & 23

Pricing
\$40

Time3:30PM - 6PM

Teaming up

Aliso Niguel High School has partnered with South Coast Medical Group to perform Sports Physicals for the 2024/2025 School Year.

SOUTH COAST WILL DONATE \$20 BACK TO ALISO ATHLETICS



Payment information

Can pay with Venmo, Cash or Check made out to SCMG

What to bring

The top portion of CUSD physical paperwork must be filled and signed by parent/guardian. The bottom portion will be filled out by Physician. Signed Consent form if athlete is coming without parent/guardian.

Please note: Physicals from Primary Physician are also accepted

CAPISTRANO UNIFIED SCHOOL DISTRICT

SPORTS: (Please check all that apply) **Physical Clearance Form** o Softball Cross Country o Girls Tennis o Surfing o Girls Water Polo o Boys Tennis o Lacrosse o Girls Volleyball o Wrestling o Boys Golf o Track o Football o Basketball Swimming o Girls Golf o Boys Water Polo o Soccer Baseball o Bovs Volleyball Grade in 2024-45 Male Female Date of Birth / / Phone City & Zip Code Address Father/Guardian______Work phone______Cell phone _____ ______Work phone______Cell phone_____ Mother/Guardian___ ____Phone__ _ Insurance ___ Emergency Contact_ ***I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated. *SIGNATURE OF PARENT/GUARDIAN* Date **HEALTH HISTORY:** TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM Any past or present: Yes No No Problems with vision Surgeries **Dental problems** Eyeglasses Contacts Braces **Problems with hearing** False teeth Painful joints Hearing aid. Blacking out or fainting **Broken bones** Unconsciousness Body part,date_ Convulsions, Knee or ankle problems seizures Require support/brace Heart problems Need for medication Name **Menstruation problems** Rheumatic fever Hernias Bleeding disorders Blood sugar problems Asthma Hypoglycemia OTHER HEALTH ASPECTS THE DOCTOR AND SCHOOL SHOULD BE AWARE OF: **Diabetes** Allergies-type Bee or insect stings Hospitalizations Any history of chest pain with exercise? Any history of "racing" heart or skipped beats? Do you experience passing out, near passing out or unexpected tiredness during exercise? Any family history of sudden cardiac death in afamily member under the age of 50? Any family history of Marfan's syndrome Or prolonged QT syndrome? Any history of temporary numbness or paralysis of both arms and/or legs following head/spine trauma? Any history of recent severe viral illness, infectious mononucleosis, or hepatitis? Any history of the following: absence of one kidney? males: absence of one testicle? Any history of blindness in one eye? Any current active skin infection? PHYSICAL EXAM: (Physician/Physician's asst/Nurse Practitioner) HEIGHT WEIGHT AFTER ACTIVITY PULSE: RESTING B.P. **EYES** THROAT ABDOMEN **ORTHOPEDIC EARS** LYMPH GLANDS HERNIA SKIN **THYROID** POSTURE **OTHER** TEETH **BRACES** HEART MUSCLE TONE NOSE LUNGS REFLEXES Special doctor recommendations or restrictions I have examined the above student and do recommend that he/she is physically fit for full participation in sports. (Must be signed by a PHYSICIAN, PHYSICIAN'S ASSISTANT or NURSE PRACTITIONER)

Physician's Office Stamp

Name of physician M.D/DO/PA/NP Date_____

_____Phone___



ALISO NIGUEL HIGH SCHOOL ATHLETIC CLEARANCE CHECKLIST



1. Visit www.homecampus.com and in the upper right corner select "For Parents & Students"	 9. Step #5: Files a. Physical Form: upload a scan/picture of physical performed within the last year. b. Proof of insurance: upload a scan/picture of Insurance Card. Note: If you need to come back at a later time to upload documents, scroll down and select save to move onto next step. 10. Upon completion of all steps the Registration Confirmation Sheet will pop up. You will
2. CREATE an account and provide a valid email address & password. If you already have an account please log in. Note: It's important that you include a valid email address as email verification is required prior to registration. 3. SELECT the "Start Clearance Here!" button	
(upper right corner) to get started.	need to print out, sign and email a scan/picture to our Clearance Coordinator Lauren Mott at lemott@capousd.org
4. SELECT Aliso Niguel High School, the year 2024-25 , and all the sports your athlete plans to participate in.	Note: You will also receive this in an email from Home Campus, check your spam if it does not appear in your inbox
 5. Step #1: Student Information a. COMPLETE all required fields. b. 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.) 6. Step #2: Parent/Guarding Information a. COMPLETE all required fields. b. Make sure all emails and phone numbers are valid. 7. Step #3: Medical History. 	**To be cleared by the athletic office** Complete all online registration steps Upload physical and insurance card Email a scan/picture of signed Registration Confirmation page to lemott@capousd.org YOU WILL NOT BE CLEARED TO PARTICIPATE IN SPORTS UNTIL ALL OF THESE DOCUMENTS HAVE BEEN PROVIDED -Transfer Students- Each CIF section requires special forms when a student is transferring from one school to another. Make sure you are adhering to all of the eligibility and transfer rules.
a. COMPLETE all required fields: 8. Step #4: E-Signatures *Read and Sign All Documents a. Parent/Guardian Signature: Sign all forms the exact way you filled in your name under Parent/Guardian Information. b. Student Signature: Sign all forms the exact	

ALISO NIGUEL HIGH SCHOOL | 28000 WOLVERINE WAY | ALISO VIEJO | 92656 | (949) 831-5590 WWW.ALISONIGUEL.COM | WWW.ALISOATHLETICS.COM | @ALISOATHLETICS

way you filled in your athletes name under the

student Information.