



Saint Joseph High School

5825 Woodruff Ave. Lakewood Ca. 90803

(562) 925-5071 Fax (562) 866-1214

PRINCIPAL: Dr. Terri Mendoza ATHLETIC ADMINISTRATOR: Dennis Blas

ATHLETIC DIRECTOR: Lauren Sulentor

Athletic Clearance Form/Athletic Emergency Form

- 1. Warning to Student – Athlete and Parents Active Sports:
- 2. Certificate of Student Insurance
- 3. Parent Consent
- 4. Steroids Statement

Fall _____
 Winter _____
 Spring _____

You must complete all sections of this form before your daughter can participate in interscholastic athletic practices and contest.

Please Print All Information

Name _____ ID# _____
 Grade 9 10 11 12 _____
 Address _____ Birth date _____
 City _____ Zip _____ State _____ Phone # _____

Name of Doctor _____
 Doctor Phone _____ Fax # _____
 Address _____ City _____ Zip _____

1. Warning to Student –Athlete and Parents:

By nature, competitive athletics may put students in a situation where **SERIOUS, CATASTROPHIC**, and perhaps, **FATAL ACCIDENTS** may occur. By granting permission for your students -athlete to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

Student –Athlete Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

2. Certificate of Student Insurance:

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code requires that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire current school year. I understand that the school district has made available an accident insurance program in which my child may enroll and that the program is optional.

Name of Insurance Company _____ Policy # _____
 Myers-Stevens Insurance (optional) Date Mailed _____

3. Parental Consent:

I hereby give consent for my student to participate in Interscholastic Athletic program. In case of injury to my daughter, you are authorized to have her treated. I further understand that in case of injury, the school staff and Associated Student Body is relieved of all liability from medical or hospital bills sustained in participation in interscholastic athletic competition. I hereby give my consent for my daughter to compete in sports and go with a representative of the school on any trip(s). I have also read the informed consent policy regarding requirements for participation school activities and agree to abide by the rules and regulations.

Student-Athlete’s Signature _____ Date _____
 Parent’s/Guardian Signature _____ Date _____

4. Steroids Statement:

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524). By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that that under CIF Bylaw 200.D. , there could be penalties for false or fraudulent information. We also understand that the (Saint Joseph High School) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Student-Athlete’s Signature _____ Date _____
 Parent’s/Guardian Signature _____ Date _____