

Athletic Clearance Follow-Through

What you need to start:

- Student Info
 - ID Number
 - Student Email
- Parent Info
 - Phone Numbers
 - Email
- Emergency Contact
 - Phone Number
- Medical Info
 - Conditions
 - Provider
 - Policy Number



Select CA

Login

California

Email

Password

Remember me

Login

Forgot your password?

Create an Account

or

Sign In Using Google

If you do not have a previous account, select "Create an Account"

Register

I am a Student I am a Parent I am a School Admin

I'm not a robot  reCAPTCHA
Privacy - Terms

Register

Fill in information

Note: password requires
A lowercase letter
An uppercase letter
A number
A special character (!@#)\$

Help

A verification link has been sent to the email address you provided during registration.



Once you have successfully made an account. You will receive a notification that a link was sent to your email.

Register

Select State ▼

I am a Student I am a Parent I am a School Admin

I'm not a robot 
reCAPTCHA
Privacy - Terms

Register

 Help

My Student/Athlete Clearances

Select this to get started. →

Start Clearance Here

Filter Search

Year

All Years

Status

All

Search

All Clearances

Purchase History

Clearance - Setup

Choose which School, Year & Sport

Enter "Downey" here.

School * 

Next

Clearance - Setup

Choose which School, Year & Sport

IMPORTANT: Select all sports you wish to participate in. If not, your team will not have your physical.

School * 

Downey x

Address

11040 Brookshire Ave Downey, California 90241

Year *

2024-25

Sport * (If you are a multiple sport athlete click "+ Additional Sport")

Cross Country, Boys

Sport *

Track & Field, Boys

[+ Additional Sport](#) [Remove Sport](#)

[Next](#)



Choose Existing Student

Select

First Name *

Last Name *

Date of Birth *

Month Day Year

Student ID * N/A

Gender *

Grade *

Graduation Year *

Home Address *

Address Line 2

City * State * Zip *

Home Phone *

Mobile Number * N/A

I consent to Downey sending me SMS messages

Student Email *

I consent to Downey sending me email messages

Is the Student Covered by Insurance? *

Yes

Insurance Company *

Insurance Policy Number *

Primary Physician/Family Doctor N/A *

Physician Phone # N/A *

Preferred Hospital *

Please enter the preferred hospital you would like your student to be transported to in the case of an emergency. The field is required, it cannot be left blank, if none, enter "Nearest Hospital".

Education History *

My student has never attended a different high school

Student is entering 9th grade

Student is in elementary or middle school

Student has previously attended a different High School

[Back to Clearances](#) [Save and Continue](#)



Note: Selecting "yes" here will prompt you to enter the athlete's medical provider and policy number



Choose ParentGuardian

ParentGuardian #1

ParentGuardian #2 (N/A)

First Name, Last Name, Mobile, Email

Student is living with

Emergency Contact

First Name, Last Name, Relationship to Student, Contact Number

Buttons: Previous, Save and Continue

Enter parent info and emergency contact



Does your child want to compete at the college level?
Find out how NCSA College Recruiting and IMG Academy help high school athletes get recruited to play the sport they love in college. Start with a free recruiting profile visible to every college coach in the country.

Yes
 No

How would you best describe your interest level to compete in college?*
Select

"In my daughters' quest to participate in college athletics, NCSA has given them exposure to colleges and coaches they otherwise would not have had."
- Chris Broussard, Fox Sports Analyst & Parent of NCSA Student-Athlete

Disclaimer: By clicking "yes" and submitting, you agree to receive personalized follow-up and marketing messages from NCSA by email, phone and automated text. Consent is not a condition of purchase. Standard rates apply.

[Previous](#) [Save and Continue](#)



Select whether you would like to receive information for college athletic recruitment

Accident Medical Coverage Recommended

The average deductible for employer provided family health coverage is \$2,700, with high deductible plans averaging about \$4,500. Gap Medical Insurance has no deductible, making it easy for families to be reimbursed up to \$5,000 of out of pocket costs for any medical bills resulting from an injury during a practice or game.

- Reimburses up to \$5,000 of out of pocket medical costs
- Pays for your deductible and copays
- One-time fee covering any injuries that occur during practices or games
- Active for up to 12 months after purchase

Include Cross country, boys Package for Christopher Castles Cross Country, Boys Season 2024) \$68.74

Include Track & Field, boys Package for Christopher Castles Track & Field, Boys Season 2024) \$94.17

Decline Coverage

Accepting coverage constitutes my electronic signature. I confirm that I have read, understood, and agree to the [privacy notice and disclaimer](#).

← Don't forget to select an option here.

Do you have or have had any of the following?

Allergies (drug, food, insects, etc.) <input type="radio"/> Yes <input type="radio"/> No	Do you have an Epi Pen? <input type="radio"/> Yes <input type="radio"/> No	Asthma <input type="radio"/> Yes <input type="radio"/> No
Does the student/athlete carry an inhaler? <input type="radio"/> Yes <input type="radio"/> No	Headaches or Migraines <input type="radio"/> Yes <input type="radio"/> No	Unconsciousness or blackouts <input type="radio"/> Yes <input type="radio"/> No
Concussion or Head Injury <input type="radio"/> Yes <input type="radio"/> No	Dizziness or fainting spells <input type="radio"/> Yes <input type="radio"/> No	Muscle cramps <input type="radio"/> Yes <input type="radio"/> No
Biokin Cell Trail <input type="radio"/> Yes <input type="radio"/> No	Heat illness, treated or hospitalized <input type="radio"/> Yes <input type="radio"/> No	High blood pressure <input type="radio"/> Yes <input type="radio"/> No
Heart murmur/abnormal heart beat <input type="radio"/> Yes <input type="radio"/> No	Family history of heart disease <input type="radio"/> Yes <input type="radio"/> No	Epilepsy or seizures <input type="radio"/> Yes <input type="radio"/> No
Diabetes <input type="radio"/> Yes <input type="radio"/> No	Family history of diabetes <input type="radio"/> Yes <input type="radio"/> No	Rheumatic Fever <input type="radio"/> Yes <input type="radio"/> No
Hepatitis/yellow jaundice <input type="radio"/> Yes <input type="radio"/> No	Kidney or bladder problems <input type="radio"/> Yes <input type="radio"/> No	Stomach trouble or ulcer <input type="radio"/> Yes <input type="radio"/> No
Mononucleosis <input type="radio"/> Yes <input type="radio"/> No	Missing organs <input type="radio"/> Yes <input type="radio"/> No	Hearing/ Speech Disorder <input type="radio"/> Yes <input type="radio"/> No
AD/HD <input type="radio"/> Yes <input type="radio"/> No	Anxiety/Depression <input type="radio"/> Yes <input type="radio"/> No	Painful/Irregular Menstrual Periods <input type="radio"/> Yes <input type="radio"/> No
Wears contact lenses/glasses <input type="radio"/> Yes <input type="radio"/> No	Burgeries <input type="radio"/> Yes <input type="radio"/> No	Broken Bones <input type="radio"/> Yes <input type="radio"/> No
Sport injuries (sprains/strains) in Past Year? <input type="radio"/> Yes <input type="radio"/> No	Sudden death in family before age 65 <input type="radio"/> Yes <input type="radio"/> No	Fake teeth or bridges <input type="radio"/> Yes <input type="radio"/> No
Current Medications <input type="radio"/> Yes <input type="radio"/> No	Any other disorders or diseases that have required physician evaluation or treatment <input type="radio"/> Yes <input type="radio"/> No	My child has special needs that the staff should be made aware of. <input type="radio"/> Yes <input type="radio"/> No
My child has a special need and/or medication required on this field trip, activity or sport. <input type="radio"/> Yes <input type="radio"/> No	History of skin conditions <input type="radio"/> Yes <input type="radio"/> No	Have you ever tested positive for the COVID-19 virus? <input type="radio"/> Yes <input type="radio"/> No
Are there any family members living with you that currently have COVID-19? <input type="radio"/> Yes <input type="radio"/> No	Additional Comments <input type="radio"/> Yes <input type="radio"/> No	

[Download Blank Physical Form](#)

Print your physical form here. Please upload your completed physical form at the end of the Athletic Clearance process in the Files section.

← Complete medical history



What school did you attend last year?*

Downey Other

[Previous](#) [Skip and Continue](#)

← Select school



Please type in the full name of each party exactly as submitted on the first page.

CIF-88 Code of Ethics

Code of Ethics – Athletes

DO NOT SEND TO CIF SOUTHERN SECTION

A copy of this form must be kept on file in the athletic director's office at the local high school.

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is the responsibility to:

Required *
Student signature here Parent signature here

CIF-88 Concussion Information Sheet

CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475.

- The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
- Any student athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.
- Before a student athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student athlete and the parent or guardian.

(Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat

Required *
Student signature here Parent signature here

CIF-88 Sudden Cardiac Arrest

Fact Sheet for Parents & Student Athletes

KEEP THEIR HEART IN THE GAME

This sheet has information to help protect your student athletes from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unrecognized, or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Medical practitioners and parents alike often miss warning signs
- Parents do not know what to report heart
- Students by their parents don't report to

Required *
Student signature here Parent signature here

Sign ALL signature areas (athlete/parent)



Files

Please upload a copy of the following documents.

2024-2025 Pre-Participation Physical Exam Form**
[Download File](#) | **Expiration Date:**

Drop file here or click to upload

Choose Existing File

Previous**Submit Completed Application**

← Upload physical