

Seguimiento de la autorización atlética

Lo que necesitas para empezar:

- Información del estudiante
 - Número de identificación
 - Correo electrónico del estudiante
- Información para padres
 - Números de teléfono
 - Correo electrónico
- Contacto de emergencia
 - Número de teléfono
- Información médica
 - Condiciones
 - Proveedor
 - Número de póliza



Seleccione CA

Login

California

Email

Password

Remember me

Login

[Forgot your password?](#)

[Create an Account](#)

or

 Sign In Using Google



Si no tiene una cuenta de acan anterior, seleccione "Create"

Register

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

I'm not a robot 
reCAPTCHA
Privacy - Terms

Register

Complete la información

Nota: se requiere contraseña

Una letra minúscula

Una letra mayúscula

Un número

Un carácter especial (!@#)\$)

Help

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



Una vez que haya creado una cuenta correctamente, recibirá una notificación de que se envió un enlace a su correo electrónico.

Register

First Name

Last Name

Email

Password

Confirm Password

Mobile

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

Seleccione esto para comenzar. →

Start Clearance Here

Filter Search

Year

All Years

Status

All

Search

All Clearances

Purchase History

Clearance - Setup

Choose which School, Year & Sport

Introduzca "Downey" aquí.

School * 



Clearance - Setup

Choose which School, Year & Sport

IMPORTANTE: Seleccione todos los deportes en los que desea participar. De lo contrario, su equipo no tendrá su examen físico.

School *
Downey

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 *

9

Graduation Year *

Select

Home Address *

Address Line 2

City * State * Zip *

Home Phone *

Mobile Number * N/A

I consent to Doreway sending me SMS messages

Student Email *

I consent to Doreway 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

Nota: Si selecciona "yes" aquí, se le solicitará que ingrese el proveedor médico y el número de póliza del atleta.



Choose ParentGuardian

Select

ParentGuardian #1

First Name *

Last Name *

Mobile * N/A

Email *

ParentGuardian #2 N/A

First Name

Last Name

Mobile N/A

Email

Student is living with *

Select

Emergency Contact

If Guardian 1 or 2 is not available who should be contacted.

First Name *

Last Name *

Relationship to Student *

Select

Contact Number *

Previous Save and Continue



Ingrese la información de los padres y el contacto de emergencia



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 rate apply.)

Previous | **Save and Continue**



Seleccione si desea recibir información para el reclutamiento deportivo universitario

Accident Medical Coverage

The average deductible for employer provided family health coverage is \$2,700, with high deductible plans averaging about \$4,300. 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 Cavallo Cross-Country, Boys Season 2024: \$88.74

Include Track & Field, Boys Package for Christopher Cavallo 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](#).

← No olvides seleccionar una opción aquí.

Do you have or have had any of the following?

<p>Allergies (drug, food, insects, etc.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Do you have an Epi-Pen?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Asthma</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Does the student/athlete carry an inhaler?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Headaches or Migraines</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Unconsciousness or blackout</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Concussion or head injury</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Dizziness or fainting spells</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Muscle cramps</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Black Cell Trail</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Heat illness, treated or hospitalized</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>High blood pressure</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Heart murmur/abnormal heart beat</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Family history of heart disease</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Epilepsy or seizures</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Diabetes</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Family history of diabetes</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Rheumatic Fever</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Hepatitis/yellow jaundice</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Kidney or bladder problems</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Stomach trouble or ulcer</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Mononucleosis</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Missing organs</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Hearing/Speech Disorder</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>AD/ADD/HD</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Anxiety/Depression</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Painful/irregular Menstrual Periods</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Wears contact lenses/glasses</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Burns/scalds</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Broken Bones</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Sport injuries (sprains/strains) in Past Year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Sudden death in family before age 45</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>False teeth or bridges</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Current Medications</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Any other disorders or diseases that have required physician evaluation or treatment</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>My child has special needs that the staff should be made aware of.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>My child has a special need and/or medication required on this field trip, activity or sport.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>History of skin conditions</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Have you ever tested positive for the COVID-19 virus?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Are there any family members living with you that currently have COVID-19?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Additional Comments</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	

[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.

← historial medico completo



What school did you attend last year?*

Downey Other

← Seleccionar escuela



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

CIF-88 Code of Ethics

2012 Plus Book
Los Angeles, California 91201
CIF-88-8388
www.cif.org

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 designed with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is with this context that the following Code of Ethics is presented.

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

Required *
Student signature here

Required *
Parent signature here

CIF-88 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), new 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 treatment of concussions before returning to practice.
- Before a student-athlete can start the season and before practice as a sport, a concussion information sheet must be signed and returned to the school by the student-athlete or the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1630), and heat.

Required *
Student signature here

Required *
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.
- Exercising further exacerbates symptoms.
- Student athletes mistakenly think they're out of shape and just need to lose further.
- Students or their parents don't seek help.
- Medical practitioners and parents often miss warning signs.
- Parents don't know or don't report heart symptoms.

Required *
Student signature here

Required *
Parent signature here

Firmar TODAS las áreas de firma (atleta/padre)



Files

Please upload a copy of the following documents.

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

Drop file here or [click to upload](#)

[Choose Existing File](#)

[Previous](#) | [Submit Completed Application](#)

← Subir fisico