# ATHLETIC SIGN-UP/CLEARANCE

Interested in joining Athletics at Milpitas High School? Complete the...

### online clearance

#### www.homecampus.com

# physical paperwork

and

physical forms and signed confirmation clearance letter

# then... turn in at AD Office P-12

STEP-BY-STEP WALK THROUGH -->

### **ONLINE CLEARANCE PORTION**

### STEP 1: Go to homecampus.com



### **ONLINE CLEARANCE PORTION**

ONE STOP SHOP FOR SCHOOL ATHLETICS			G Select Language	Victoria Ly 😃 Logout
Athletic Clearances Coaches Clearances Help	My Account			
My Student/Athlete Clearances				Start Clearance Here
Filter Search				N.
Year		Status		
2022-23	~	All	v	Search
All Clearances			Archived Cles	arances Purchase History

### STEP 3: Press *Start Clearance Here*

Press *search* to see the clearances for this year

ONE STOP SHOP FO	R SCHOOL ATHLETICS		G	Select Language 🔻 Victoria Ly
etic Clearances	Coaches Clearances Help	My Account		
	<b>Year</b> 2022-23		School Milpitas	Sport Wrestling
	<u> </u>	-0-		
Choose Existi Select	ng Student			
Choose Existi Select First Name *	ng Student		is the Student Covered by in	surance? *
Choose Existi Select First Name *	ng Student		Is the Student Covered by In Select	isurance? *
Choose Existi Select First Name *	ng Student		Is the Student Covered by Ir Select Primary Physician/Family Doc	isurance? * ctor N/A
Choose Existi Select First Name * Last Name * Grade *	ng Student		Is the Student Covered by In Select Primary Physician/Family Doc	surance? *
Choose Existi Select First Name * Last Name * Grade * Select	ng Student		Is the Student Covered by In Select Primary Physician/Family Doc Physician Phone # N/A	isurance? * ctor N/A
Choose Existi Select First Name * Last Name * Crade * Select Date of Birth *	ng Student		Is the Student Covered by Ir Select Primary Physician/Family Doc Physician Phone # N/A	surance? *
Choose Existi Select First Name * Last Name * Grade * Select Date of Birth * Month	ng Student	'ear	Is the Student Covered by Ir Select Primary Physician/Family Doc Physician Phone # N/A Preferred Hospital N/A Please enter the preffered hosp	surance? *

STEP 4: Complete all the questions and online forms

### **ONLINE CLEARANCE PORTION**

#### STEP 5:

#### Print and Sign the Confirmation/Consent Form

etic Clearances <u>Coaches Clearan</u>				0
	ces Help MyAccount			
<b>Year</b> 2022-23		<b>School</b> Milpitas	<b>Sport</b> Cross Country, Girls; Track & Fiel	d, Girls
Confirmation Mess	age			
Motoria Ly's Athletic Clearance to part submit physically to the Athletic Depa	cipate in Cross Country, Girls; Track & tment.	Field, Girls was submitted to Milpitas for re	eview. NEXT, Athlete and Guardian MUST sign this messa	je and
Victoria LyWILL NOT BE cleared to pa Pages with appropriate signatures. An regarding the status of your clearance	ticipate in athletics/activities at Milpitas mail will be sent notifying you of any u	until the Athletic Department has received updates regarding your clearance status. Pl	l a physical copy of the Physical Packet and Sport Confi ease contact the Milpitas Athletic Department with any qu	mation estions
Please note that the athlete will not be submitted for clearance, only that it m	cleared to participate in the sport until a ust occur.	ll of the following has occurred. This respor	nse does not indicate whether everything has or has not b	en
Milpitas High School Athletic Consent	orm			
<ul> <li>We the parent/guardian and the st</li> <li>We the parent/guardian authorize authorized to have the student tre</li> <li>We the parent/guardian authorized</li> <li>We the parent/guardian consent t under, the general or special supe such diagnosis or treatment is rei</li> </ul>	udent athlete have personally signed or he student to go with and be supervised ated. the medical agency to render treatmen o any x-ray examination, anesthetic, me rvision of any physician and surgeon lik dered at the office of said physician or	n-line all of the Milpitas High School require d by a representative of the school on any it. adical, or surgical diagnosis or treatment an censed under the provisions of the Medical said hospital it is understood that this auth	d athletic contracts. trips. In case this student becomes ill or is injured, you a d hospital care which is deemed advisable by, and is to b Practice Act on the medical staff of any accredited hosp proization is given in advance of any specific diagnosis, tr	e : rendered tal, wheth
hospital care being required, but i hospital care which the aforement	given to provide authority and power o oned physician in the exercise of his/h	n the part of the school representative to g er best judgment may deem advisable.	jive specific consent to any and all such diagnosis, treatn	eatment o ient or
hospital care being required, but it hospital care which the aforement This authorization shall remain effectiv	given to provide authority and power o oned physician in the exercise of his/h e until the end of the school year unles:	n the part of the school representative to g er best judgment may deem advisable. s sooner revoked in writing and delivered to	pive specific consent to any and all such diagnosis, treatn o the school.	eatment o
hospital care being required, but i hospital care which the aforement This authorization shall remain effectiv By signing below, you confirm that all	given to provide authority and power o oned physician in the exercise of his/h e until the end of the school year unles: ligital signatures and uploads submitted	n the part of the school representative to g er best judgment may deem advisable. s sooner revoked in writing and delivered to I via the Athletic Clearance process have b	pive specific consent to any and all such diagnosis, treatm o the school. ween completed by the Student and Parent/Guardian on rec	eatment or
hospital care being required, but i hospital care which the aforement This authorization shall remain effectiv By signing below, you confirm that all Thank you,	given to provide authority and power o oned physician in the exercise of his/h e until the end of the school year unles: ligital signatures and uploads submitted	n the part of the school representative to g er best judgment may deem advisable. s sooner revoked in writing and delivered to I via the Athletic Clearance process have b	pive specific consent to any and all such diagnosis, treatm o the school. ween completed by the Student and Parent/Guardian on rea	eatment or or or ord.
hospital care being required, but i hospital care which the aforement This authorization shall remain effectiv By signing below, you confirm that all Thank you, Mipitas Athletic Department	given to provide authority and power o oned physician in the exercise of his/h e until the end of the school year unles: digital signatures and uploads submitted	n the part of the school representative to g er best judgment may deem advisable. s sooner revoked in writing and delivered to I via the Athletic Clearance process have b	pive specific consent to any and all such diagnosis, treatm o the school. ween completed by the Student and Parent/Guardian on rec	eatment c
hospital care being required, but i hospital care which the aforement This authorization shall remain effectiv By signing below, you confirm that all Thank you, Mipitas Athletic Department Student Signature	given to provide authority and power o oned physician in the exercise of his/h e until the end of the school year unles: digital signatures and uploads submitted 	n the part of the school representative to g er best judgment may deem advisable. s sooner revoked in writing and delivered to I via the Athletic Clearance process have b	jive specific consent to any and all such diagnosis, treatn o the school. een completed by the Student and Parent/Guardian on rec	eatment o
hospital care being required, but i hospital care which the aforement This authorization shall remain effectiv By signing below, you confirm that all Thank you, Milpitas Athletic Department Student Signature	given to provide authority and power o oned physician in the exercise of his/h e until the end of the school year unles: digital signatures and uploads submitted  	In the part of the school representative to g er best judgment may deem advisable. s sooner revoked in writing and delivered to I via the Athletic Clearance process have b	pive specific consent to any and all such diagnosis, treatm to the school. ween completed by the Student and Parent/Guardian on rec	eatment o

### PHYSICAL FORMS

FORMS

2022 PHYSICAL EXAM PAPERWORI

2022-2023 ATHLETIC DEPARTMENT DATES

CIFCCS TRANSFER FORM-RETURN TO MILPITAS

LOCAL SPORT PHYSICAL EXAM OPTIONS

OP-81 NON DISTRICT VEHICLE DRIVER

STUDENT INSURANCE INFORMATION

STUDENT INSURANCE INFORMATION SPANISH

22-23 REPRESENTATIVE WAIVER FORM

CIFCCS TRANSFER FOR

FAIR SHARE DONATION FORM

# MEDICAL ELIGIBLITY FORM 0 × 🚮 DOWNLOAD DOWNLOAD

DOWNLOAD

DOWNLOAD

DOWNLOAD

DOWNLOAD

DOWNLOAD

DOWNLOAD

DOWNLOAD

DOWNLOAD

### **History Form - complete PRIOR** to physican visit **Pre-Participation Form** completed by physician

#### Confirmation Message

#### Dear Motoria Ly.

Motoria Ly's Athletic Clearance to participate in Cross Country, Girls: Track & Field, Girls was submitted to Milpitas for review. NEXT, Athlete and Guardian MUST sign this message and submit physically to the Athletic Departmen

Motoria LyWILL NOT BE cleared to participate in athletics/activities at Mipitas until the Athletic Department has received a physical copy of the Physical Packet and Sport Confirmatio Pages with appropriate signatures. An email will be sent notifying you of any updates regarding your clearance status. Please contact the Mipitas Athletic Department with any question

ase note that the athlete will not be cleared to participate in the sport until all of the follo

Minitas High School Athlatic Consent Form

- We the parent/guardian and the student athlete have downloaded a copy of the current school year MHS Athletic Code of Conduct (COC)
- We the parent/guardian and the student athlete have personally signed on-line all of the Mipitas High School required athletic contracts. We the parent/guardian authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are
- authorized to have the student treated.
- We the parent/quardian authorized the medical agency to render treatmen
- we the parent/guardian automotes the mesona agency to render treatment. We the parent/guardian consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special speciation of any hysiolian and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whethe such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or spital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment o cise of his/her best judgment may deem advisable

vization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school

By signing below, you confirm that all digital signatures and uploads submitted via the Athletic Clearance process have been completed by the Student and Parent/Guardian on reco

vilpitas	Athletic	Department	



#### **SIGNED Clearance Confirmation**

\*Staple it on top

#### **STAPLE ALL PAPERS TOGETHER AND** TURN AT AD OFFICE, P-12 **USE** LOCK BOX OUTSIDE P-12 IF DOOR'S CLOSED

Find Physical Exam Paperwork at... https://www.mhstrojanathletics.com/documents