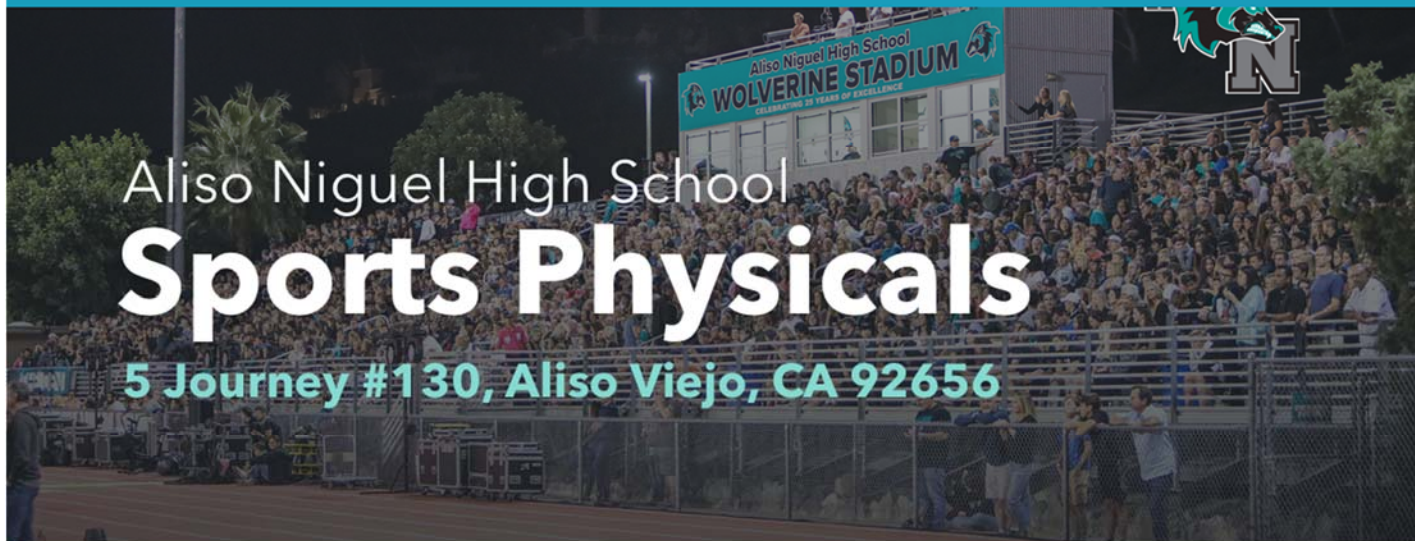




Mask **MUST** be worn in order to receive sports physical.
All CDC guidelines and social distancing will be enforced.



Aliso Niguel High School Sports Physicals

5 Journey #130, Aliso Viejo, CA 92656

📅 Date
June 7-10

💰 Pricing
\$40

🕒 Time
2PM - 5PM

Teaming up

Aliso Niguel High School has partnered with South Coast Medical Group to perform Sports Physicals for the 2021/2022 School Year.

SOUTH COAST WILL DONATE \$20 BACK TO ALISO



Payment information

Can pay with check or using Venmo @Doctor-Cheng

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 as also accepted

Location & Info

Physicals will be performed outside under the Aliso Athletic Tents located to the right of the main entrance of the building.

TIMES AND DATES BASED ON SPORT & LAST NAME

A-H: 2PM - 3PM

I-Q: 3PM - 4PM

R-Z: 4PM - 5PM

MON 7

Football (A-M)
Boys/Girls Cross Country
Boys/Girls Volleyball
Boys/Girls Golf

TUE 8

Football (N-Z)
Softball/Baseball
Boys/Girls Basketball
Boys/Girls Lacrosse

WED 9

Boys T/F
Boys/Girls Soccer
Boys/Girls Tennis
Cheer/Song

THU 10

Girls T/F
Boys/Girls Swim
Boys/Girls Water Polo
Surf
Wrestling
Dance

IF PARENT CANNOT BE AT PHYSICAL: PLEASE SIGN THE BELOW FORM AND SEND WITH STUDENT

Please make checks out to SCMG , place the athletes name in the memo section or you can Venmo @Doctor-Cheng and place the Athletes name in the memo section

WWW.SouthCoastMedGroup.com

Parent / Guardian Consent

Student Name: _____ DOB: _____

Parent/ Guardian Name: _____ Contact
Number: _____

Address : _____ City: _____ State: _____

My signature below authorizes South Coast Medical Group and it's associates to perform a physical exam on my child.

Parent / Guardian Signature

Date



ALISO NIGUEL HIGH SCHOOL



2021-22 ATHLETIC CLEARANCE CHECKLIST

1. Visit www.athleticclearance.com

2. **Review** the tutorial video for a quick reference instructional guide.

3. **CREATE or LOG INTO existing account.** If creating account for the first time click the link “register” under “Forgot Password” to create account. Provide a valid email address & password.
Note: It’s important that you include a valid email address because email verification is required prior to registration.

4. Once you have entered your information press submit a page will pop up with a code. Enter this code to continue the process.
Once you submit code you will be able to start the clearance process.

5. **SELECT** the “New Clearance Here!” button (upper left corner) to get started.

6. **SELECT** the year **202 -2** , Aliso Niguel High School, and also your **first season sport**.

*Note: **Multiple Sport Athletes:** If you think you will participate in other sports during the year you will have the option of choosing other sports after completion of Step #4*

7. **Step #1: Student Information**
a. **COMPLETE** all required fields.
b. **STUDENT ID:** not required
c. **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.)*

8. **Step #2: Medical History.**

COMPLETE all required fields:

- a. **Physical Form:** upload a scan/picture from either your computer or from Documents Library
- b. **Proof of insurance:** upload a scan/picture from either your computer or your Documents Library

Note: If you need to come back at a later time to upload documents, scroll down and select save to move onto next step.

9. **Step #3: Parent/Guardian Information**

COMPLETE all required fields

10. **Step #4: E-Signatures**

- a. **Parent/Guardian Signature:** Initial all forms
- b. **Student Signature:** Initial all forms
- c. Click **SUBMIT**

11. Upon **completion** of all steps the

Registration Confirmation Sheet will pop up. You will need to print out, sign and email a scan/picture to our # _____ u _____ Lauren Mott at lemott@capousd.org
Only 1 needs to be sent per athlete not all sports.

Note: multiple sport athletes can select additional sports down at the bottom of the sheet and then press “submit”.

Note: You will also receive this in an email from the [Athletic Department](#), check your spam if it does not appear in your inbox.

****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 sheet 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.

CAPISTRANO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE VERIFICATION

Education Code Section 32221.5. Under state law, school districts are required to ensure that all members of school athletic teams have accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: 1(800)281-9799.

If you have at least \$1500, accidental bodily injury insurance, please fill out ITEM 1 below **(medical card required)**.
If you do not have accidentally bodily injury benefits for your son, daughter, or ward, please fill out ITEM 2 below.

ITEM 1 The athlete has accidental bodily injury insurance providing at least \$1500 of scheduled medical hospital benefits.

ATHLETE'S NAME

PARENT/GUARDIAN SIGNATURE

ITEM 1 PROOF OF INSURANCE IS REQUIRED

****PLEASE ATTACH A PHOTOCOPY OF
INSURANCE CARD HERE****

ITEM 2 The athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVENSON & TOOHEY APPLICATION and mail directly to Myers-Stevens & Toohey & Co. Inc.

ATHLETE'S NAME

INTERSCHOLASTIC
TACKLE FOOTBALL
9-12 GRADES

(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)

FULLTIME (2417) SCHOOL TIME
ACCIDENT PLAN

(BOTH PLANS COVER ALL INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL) DENTAL PLANS

(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)

*We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested.
(Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)*

Parent/Guardian Signature

Date
