

5. Print, sign and return the Confirmation Message:

Confirmation Message

Go Back

Dear [REDACTED],

This message is to let you know ([REDACTED] es) has started the Athletic Clearance process to participate in Wrestling for Corona del Mar

The final step in this process requires parent and student signatures in agreement of the consent to participate. Please read, sign and return to the Athletic office (along with your completed physical form and medical insurance card copy if you were unable to upload).

I hereby give my consent for A ([REDACTED] es), hereafter named student, to compete in athletics. I 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 and I authorized the medical agency to render treatment. I 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 supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether 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 hospital 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 or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Parent Signature _____

Student Signature _____

Date _____

Thank You,

Corona del Mar

Athletic Department

Print

Would you like to apply this Clearance to additional sports/activities?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball, Boys | <input checked="" type="checkbox"/> Basketball, Girls | <input type="checkbox"/> Cross Country, Boys |
| <input type="checkbox"/> Cross Country, Girls | <input type="checkbox"/> Football (11 man) | <input type="checkbox"/> Golf, Boys | <input type="checkbox"/> Golf, Girls |
| <input type="checkbox"/> Soccer, Boys | <input type="checkbox"/> Soccer, Girls | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming & Diving, Boys |
| <input type="checkbox"/> Swimming & Diving, Girls | <input type="checkbox"/> Tennis, Boys | <input type="checkbox"/> Tennis, Girls | <input type="checkbox"/> Track & Field, Boys |
| <input type="checkbox"/> Track & Field, Girls | <input type="checkbox"/> Traditional Competitive Cheer | <input type="checkbox"/> Volleyball, Boys | <input type="checkbox"/> Volleyball, Girls |
| | | <input type="checkbox"/> Water Polo, Boys | <input type="checkbox"/> Water Polo, Girls |

I, the parent guardian of the student, acknowledge that my electronic signatures will be applied to all additional clearances.

Submit