

Freeway League Champions

1999, 2000, 2002, 2003, 2004, 2005,
2007, 2008, 2009, 2010, 2011, 2012,
2013, 2014, 2015, 2016, 2017, 2018,
2019



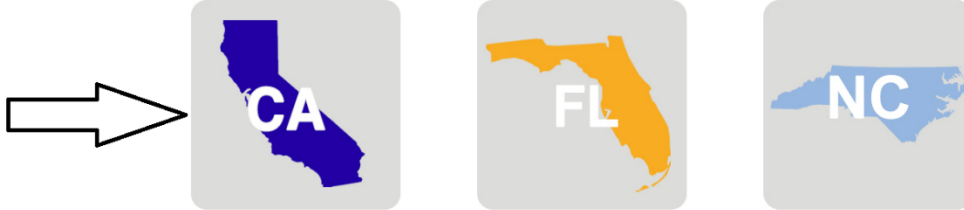
La Habra City Champions

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2014, 2015, 2016, 2017, 2018, 2019

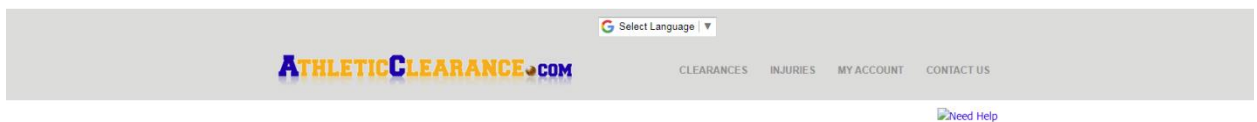
2002, 2003, 2007 ➤ ➤ CIF SOUTHERN SECTION CHAMPIONS ◀ ◀ 2008, 2009, 2010, 2015

Step by Step Guide to fill out Athletic Clearance Online

Step 1



Step 2



Thank you for supporting the La Habra High School Football Program!
<http://www.lahabrafootball.com>

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2002, 2003, 2007 ➤ ➤ **CIF SOUTHERN SECTION CHAMPIONS** ◀ ◀ 2008, 2009, 2010, 2015

Step 3

Select Language | Ruth Acosta

ATHLETICCLEARANCE.COM INJURIES MY ACCOUNT CONTACT US SIGN OUT CLEARANCES

Clearances Documents Library

Start Clearance Here!

Year	Sport	Student	School	Student Info	Physicals	Medical History	Parent/Guardian Info	Signature	Confirmation	Shop	Status	Delete
2018-19	Football (11 man)		La Habra	Completed	Completed	Completed	Completed	Completed		View	PHYSICAL EXPIRED	
2018-19	Softball		La Habra	Completed	Completed	Completed	Completed	Completed		View	PHYSICAL EXPIRED	
2019-20	Football (11 man)		La Habra	Completed	Completed	Completed	Completed	Completed		View	PHYSICAL EXPIRED	

Step 4

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ATHLETICCLEARANCE.COM INJURIES MY ACCOUNT CONTACT US SIGN OUT CLEARANCES

Clearances

Choose Which Year, School, & Sport

Year *
2020-21

School *
La Habra (CIF-SS)

Sport *
Football (11 man)

Submit

Make sure you select the correct year, the school and football.

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2002, 2003, 2007 ➤ ➤ **CIF SOUTHERN SECTION CHAMPIONS** ◀ ◀ 2008, 2009, 2010, 2015

Step 5

Fill out each step.
You are able to save and
go back.

Clearance For (La Habra, 2020-21, Football (11 man))



Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Working...	Incomplete	Incomplete	Incomplete	Optional

Step #1 - Student Information

Student already in the system?

Name

Birthdate *

First *

Last *

Grade in 2020-21 *

Gender *

Student Id

Student Email *

Student Cell *

Cell
Carrier
(Ex:
AT&T,
Verizon)

Student Home Address *

Student Home Phone *

City

State

Zip Code

Insurance Information

Is the student covered by insurance?

- Yes
 No

Physician Information

N/A

Primary Physician / Family Doctor *

Physician's Phone Number *

Please enter the preferred hospital you would like your student to be transported to should an emergency arise. This field is required, it cannot be left blank. If none, enter "Nearest Hospital".

Preferred 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 transferring from another school



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Step 6

Select Language | Ruth Acosta

ATHLETICCLEARANCE.COM INJURIES MY ACCOUNT CONTACT US SIGN OUT CLEARANCES

Clearance For (La Habra, 2020-21, Football (11 man))

Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Working...	Incomplete	Incomplete	Incomplete	Optional

Step #1 - Student Information - Physical Uploads

Physical
Exp. Date

Max File size:20MB

Athletic Physical documents can be picked up in room 12. Also, that will be the drop off location upon completion of the clearance process.

Back To Clearances

Save



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2002, 2003, 2007 ➤ ➤ **CIF SOUTHERN SECTION CHAMPIONS** ◀ ◀ 2008, 2009, 2010, 2015

Step 7

Clearance For (La Habra, 2020-21, Football (11 man))

Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Completed	Working...	Incomplete	Incomplete	Optional

Step #2 - Medical History

Do you have or have ever had any of the following:

- Allergies (drug, food, insects, etc) Yes No
- Asthma Yes No
- Headaches or Migraines Yes No
- Unconsciousness or blackouts Yes No
- Concussion or Head Injury Yes No
- Dizziness or fainting spells Yes No
- Muscle cramps Yes No
-
- Painful/Irregular Menstrual Periods Yes No
- Wears contact lenses/glasses Yes No
- Surgeries Yes No
- Broken Bones Yes No
- Sport injuries (sprains/strains) in Past Year? Yes No
- Sudden death in family before age 55 Yes No
- False teeth or bridges Yes No
- Current Medications Yes No
- Any other disorders or diseases that have required physician evaluation or treatment Yes No
- My child has special needs that the staff should be made aware of. Yes No
- My child has a special need and/or medication required on this field trip, activity or sport. Yes No
- History of skin conditions Yes No
- Additional Comments Yes No

[Back To Clearances](#)

[Save](#)



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Step 8

Clearance For (La Habra, 2020-21, Football (11 man))

Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Completed	Completed	Working...	Incomplete	Optional

Step #3 - Parent/Guardian Information

Parent/Guardian already in the system?

Select Parent/Guardian

Parent/Guardian #1 Name *

N/A

<input type="text"/>	<input type="text"/>
First	Last

Parent/Guardian #1 Business Number *

Parent/Guardian #1 Mobile Number *

Parent/Guardian #1 Email *

Parent/Guardian #2 Name *

N/A

<input type="text"/>	<input type="text"/>
First	Last

Parent/Guardian #2 Business Number *

Parent/Guardian #2 Mobile Number *

Parent/Guardian #2 Email *

Student is living with? *

Other Emergency Contact Info (Other than Parent or Guardian)

Name *

Relationship to Student *

Contact Number *

Who is filling out this form?*

College Recruiting Process



We have teamed up with NCSA to help support athletes who want to play sports in college. You will be emailed a free recruiting profile by NCSA to help with exposure to over 35,000 college coaches, and an NCSA recruiting coordinator will reach out to offer personalized guidance with your recruiting process.

- Yes, I want to play sports in college! Please share my contact info with NCSA.
 No thanks



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2002, 2003, 2007 ➤ ➤ **CIF SOUTHERN SECTION CHAMPIONS** ◀ ◀ 2008, 2009, 2010, 2015

Step 9

Clearance for (La Habra, 2020-21, Football (11 Man))

Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Completed	Completed	Completed	Working...	Optional

Top section must be filled out by parent.
Bottom section will be for student.

Step #4 - Signatures

Please sign correct electronic signature. NOTE: Parent/Guardian signatures first, followed by Student signatures. Please sign full name.

Parent/Guardian Signature

Parent Signature (Online) * Please Sign Correct Signature

Statement of Consent

I hereby give my consent for the above 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

Parent Signature (Online) * Please Sign Correct Signature

Concussion Information Sheet

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:

Download Form: [Concussion Information Sheet](#)

Parent Signature (Online) * Please Sign Correct Signature

Sudden Cardiac Arrest Information Sheet

Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Must be filled out by student.

Student Signature (Online) * Please Sign Correct Signature

Release and Waiver of Liability and Indemnity Agreement

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the athletic program, field trip or excursion, sponsored, planned and directed by the Fullerton Joint Union High School District, for any purpose including, but not limited to, observation, use of facilities or equipment, or participation in any way, the parent/guardian and student signed for himself or herself and any personal representatives, heirs, and next of kin, heretofore and hereinafter, to the following:

Download Form: [Release and Waiver of Liability and Indemnity Agreement](#)

Student Signature (Online) * Please Sign Correct Signature

Risk Form for All Sports / Participation in Events

Risk Form for All Sport / Participation in Events

I/We are aware that playing or practicing to play in, or participating in any athletic or co-curricular sports (e.g. dodgeball, power buff, or powder puff) can be a dangerous activity involving many risks of injury. I/We understand that the dangers and risks of playing or practicing to play in any athletic or co-curricular sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, cardiac failure, or other life-threatening injuries.

Download Form: [Risk Form for All Sports / Participation in Events](#)

Student Signature (Online) * Please Sign Correct Signature

Agreement Regarding Use of Steroids 19R

Agreement for Student/Athlete and Parent/Guardian Regarding Use of Steroids

Directions: As a condition of membership in the California Interscholastic Federation (CIF), the Board of Trustees of the Fullerton Joint Union High School District has adopted Board Policy 5132 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parent/guardian sign this agreement.

Download Form: [Agreement Regarding Use of Steroids 19R](#)

Submit

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Step 10

This form must be printed out. Signed by parent & student. Returned to Rm 12 at the high school. Call the school for their hours

La Habra

Section: CIF-SS
Address: 801 W. Highlander Ave, La Habra CA 90631
Phone: (562)266-5200

[Back To Clearances](#)

You have successfully completed the registration for "ETHAN DRAPER" to play Football (11 man) for La Habra!

Dear Ruth Acosta,

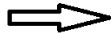
This message is to let you know ETHAN DRAPER has started the Athletic Clearance process to participate in Football (11 man) for La Habra.

The final step in this process requires parent and student signatures in agreement of the consent to participate. Please read, sign and return to room 12 along with your completed physical forms.

I hereby give my consent for ETHAN DRAPER, 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,

La Habra High School
Athletic Department



[Print Friendly Page](#)

Conclusion

Select Language | Ruth Acosta

ATHLETICCLEARANCE.COM | INJURIES | MY ACCOUNT | CONTACT US | SIGN OUT | CLEARANCES

Clearances | Documents Library

Start Clearance Here!

Year	Sport	Student	School	Student Info	Physicals	Medical History	Parent/Guardian Info	Signature	Confirmation	Shop	Status	Delete
2018-19	Football (11 man)		La Habra	Completed	Completed	Completed	Completed	Completed		View	PHYSICAL EXPIRED	
2018-19	Softball		La Habra	Completed	Completed	Completed	Completed	Completed		View	PHYSICAL EXPIRED	
2019-20	Football (11 man)		La Habra	Completed	Completed	Completed	Completed	Completed		View	PHYSICAL EXPIRED	
2020-21	Football (11 man)		La Habra	Completed	Completed	Completed	Completed	Completed	View	View	Uncleared	

How will I know if my son is cleared for football? Come back to the website and check their status



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