

SRV Athletic Department

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San Ramon Valley High School
501 Danville Boulevard Danville, CA 94526
925.552.3005 Fax 925.838.7802 www.srvhs.net

Athletic Clearance

SIGNATURE VERIFICATION FORM

Date: _____

Sport _____

Student Name -Print: _____

Student Signature: _____

Parent/ Guardian Name -Print: _____

Parent Signature: _____

Form Acknowledgements- My signature/initials confirm I have read and understand all athletic clearance documents online and I will comply with the following:

NCAA Eligibility and Information (review online at SRV-counseling/athletics and www.ncaaeligibilitycenter.org)
We have reviewed and read the NCAA(www.ncaa.org) eligibility information.

Parent/Guardian Initial _____ Student Initial _____

Student Parent Athletic Handbook (review online)

Parent/Guardian Initial _____ Student Initial _____

We have reviewed the athletic department student parent handbook.

Performance Enhancing Substances (review online)

By initialing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician(as recognized by the American Medical Association) to treat a medical condition. We also recognize that under CIF Bylaw 200.D. there could be penalties for false or fraudulent information. We also understand that the San Ramon Valley policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Parent/Guardian Initial _____ Student Initial _____

North Coast Section Ejection Policy (review online)

I have read and understand the rules and regulations of the North Coast Section Ejection Policy and I am aware an ejection from an athletic contest has serious consequences.

Parent/Guardian Initial _____ Student Initial _____

Transportation Policy-Code of Conduct (review online)

I have read and understand the standards for behavior that our students are expected to uphold at all times.

Parent/Guardian Initial _____ Student Initial _____

Off Campus Running Policy (review online)

We fully understand the information regarding off campus running workouts and have gone over this information with our son/daughter.

Parent/Guardian Initial _____ Student Initial _____

***Forms required to submit each season include:**

- SRVUSD Emergency Authorization Form
- Signature Verification Form
- Consent and Waiver of Liability Form
- SRVUSD AR6145 Extracurricular Activities

Forms required to submit one time each school year include:

- Medical Examination Clearance Form- note: medical exam form is good for one year- we keep on file.
- Concussion Information Sheet
- Proof of Medical Insurance Form