

# TAMALPAIS



# ATHLETICS

**A checklist for all students who are planning to participate in our interscholastic athletic program:**

- Complete athlete registration at [www.registermyathlete.com](http://www.registermyathlete.com)
  1. Click on "school login" to start.
  2. Select "California"
  3. Select "Tamalpais High School."
  4. Begin registration.
  5. Select the **2017-2018** school year.
- Obtain medical clearance (on back side of this checklist) and upload to register my athlete site. (Medical clearance is valid for one year from the date of the physician's signature.)
- **INCOMING FALL SPORT 9<sup>th</sup> GRADERS ONLY:** Upload a copy of final 8<sup>th</sup> grade year report card to Register My Athlete site. An 8<sup>th</sup> grade report card is not necessary for winter or spring sports.
- Academic Eligibility: athletes must have a 2.0 GPA to participate. If you are below a 2.0 GPA and want to participate, please see the Athletic Director to see if you qualify for a one-time waiver.
- Athlete registration and medical clearance form are due to Register My Athlete no later than **August 1, 2017** for all FALL ATHLETES. Winter athlete registration/clearance is due: Oct 30, 2017. Spring athlete registration/clearance is due: Jan 29, 2018. Forms turned in after due date will delay athlete clearance. Know when your sport starts for the 2017-2018 School Year:

**Football only: Aug 7, 2017; Fall: Aug 14, 2017; Winter: Nov 6, 2017; Spring: Feb 5, 2018**

**Other athletic items...**

- Browse the athletics website at [www.tamathletics.com](http://www.tamathletics.com)
- Join Tam Boosters and help support athletics at [www.tamhighboosters.com](http://www.tamhighboosters.com)
- Once an athlete is selected for a team be sure to attend the season sports meeting.

Fall Sports Meeting	Winter Sports Meeting	Spring Sports Meeting
Aug 28, 6-8pm in Gus Gym	Nov 13, 6-8pm in Gus Gym	Feb 12, 6-8pm in Gus Gym

**CIF PRE-PARTICIPATION PHYSICAL EVALUATION:  
CLEARANCE FORM (TO BE SIGNED BY PHYSICIAN AND UPLOADED ON 'REGISTER MY ATHLETE')  
ATHLETIC PHYSICALS ARE GOOD FOR ONE CALENDAR YEAR FROM THE DATE OF PHYSICIAN'S SIGNATURE**

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sports: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

**CLEARANCE**

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendation for further evaluation or treatment for:  
\_\_\_\_\_

- Not cleared  Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_ Reason \_\_\_\_\_

**Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parents/guardian.**

Name of physician (print/type) \_\_\_\_\_ MD or DO

Signature \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

**ALLERGIES:**

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\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION:**

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