

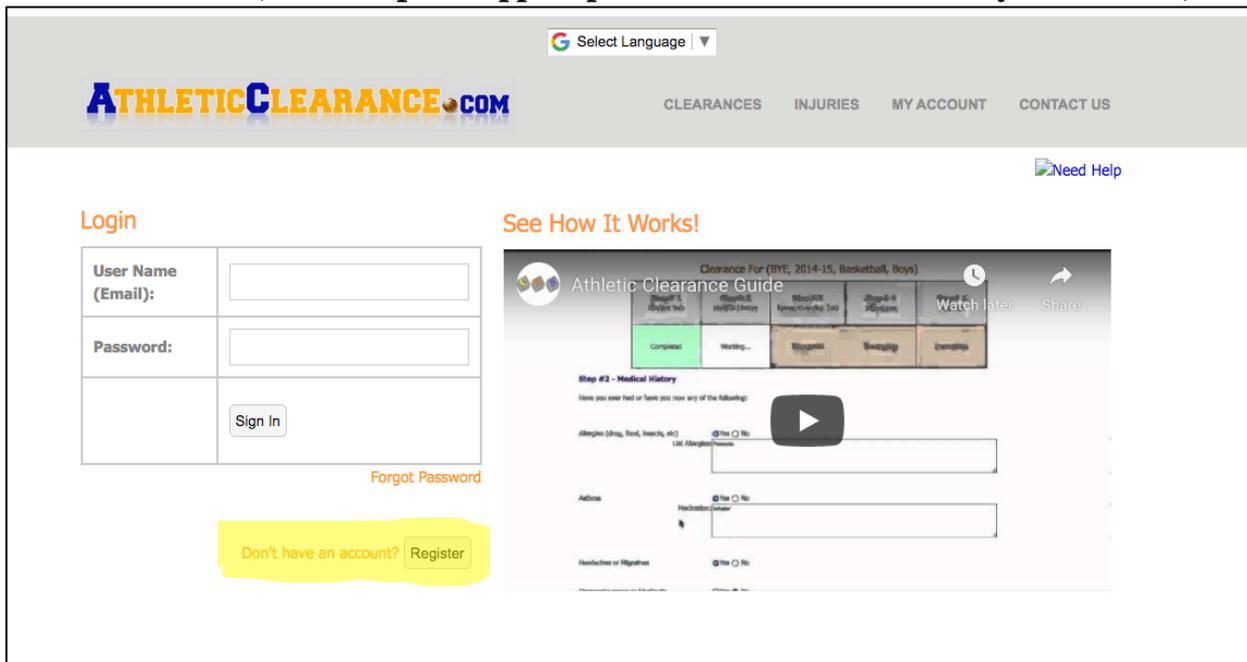
Online Athletic Clearance

1. Visit www.AthleticClearance.com and choose your state.



2. Watch quick tutorial video

3. Register. PARENTS register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate. (If this step is skipped, please contact us to activate your account)



4. Login using your email address that you registered with

5. Select "New Clearance" to start the process.



6. Choose the School Year in which the student plans to participate. Example: Football in Sept 2020 would be the 2020-2021 School Year.

Choose the School at which the student attends and will compete for.

Choose Sport

Click on Submit when done.

7. Complete all required fields for Student Information, Educational History, Medical History and Signature Forms. (If you have gone through the AthleticClearance.com process before, you will select the Student and Parent/Guardian from the dropdown

menu on those pages)

ATHLETICCLEARANCE.COM INJURIES MY ACCOUNT CONTACT US SIGN OUT
CLEARANCES

Clearance For (Monarch, 2020-21, Volleyball, Girls)

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 * MI (- if none) * Last * Day Year

Grade in 2020-21 * Gender * DOE Race Equity

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

You will still have to provide a current proof of insurance. This is a yearly requirement.

Download the Physical / EL2 Form
Your clearance will not be complete without it.

ATHLETICCLEARANCE.COM INJURIES MY ACCOUNT CONTACT US SIGN OUT CLEARANCES

Clearance For (Monarch, 2020-21, Volleyball, Girls)

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 - Uploads

Download Physical / EL2 Form Here

Physical Signature Date

Upload Physical Form: No file chosen

Proof of Insurance: No file chosen

Birth Certificate: No file chosen

Proof of Residency: No file chosen

Parent/Guardian Government Issued Photo ID: No file chosen

Upload Concussion Certification: No file chosen

FHSAA Required Video Certificates: No file chosen

Additional Form: No file chosen

Be sure to download the 3 page EL2 Physical form which is required for participation. Be sure it is signed at the doctor's office before uploading.

Do not need to complete Proof of Residency or Video Certificate.

Only those things highlighted.

8. Be sure to complete all medical history information.

9. Parent/Guardian Information

Please enter information for both a Parent/Guardian and Other Emergency Contact. This information is accessible by the coach if a student/athlete were to get injured or the coach needs to get in contact with the parent/guardian.

ATHLETICCLEARANCE.COM INJURIES MY ACCOUNT CONTACT US SIGN OUT CLEARANCES

Clearance For (Monarch, 2020-21, Volleyball, Girls)

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?

Parent/Guardian #1 Name *
 N/A

Parent/Guardian #2 Name *
 N/A

Other Emergency Contact Info (Other than Parent or Guardian)

Name *

Relationship to Student *

Contact Number *

Who is filling out this form? *

10. Complete all of the online signatures for participation:

- Statement of Consent
- Code of Conduct
- Authorization for Release of Medical Information
- Authorization for Release of Medical Information Consent for Treatment
- EL3 - Consent and Release from Liability Certificate 2020R
- EL3 – Consent and Release from Liability Certificate for Concussions 2020R
- EL3 – Consent and Release from Liability Certificate for SCA & Heat-Related Illness 2020R
- EL3 – FHSAA Established Rules and Eligibility 2020R
- Sportsmanship Policy

And have the student/athlete sign the same forms.

The screenshot shows the ATHLETICCLEARANCE.COM website interface. At the top, there are navigation links for MY ACCOUNT, CONTACT US, SIGN OUT, CLEARANCES, and INJURIES. Below this, a progress bar indicates the status of five steps: Step #1 (Student Info) is Completed, Step #2 (Medical History) is Completed, Step #3 (Parent/Guardian Info) is Completed, Step #4 (Signatures) is Working..., and Step #5 (Donation) is Optional. The main content area is titled 'Step #4 - Signatures' and contains a list of forms to be signed. Each form has a 'Parent Signature (Online)' field and a 'Please Sign Correct Signature' field. The forms listed are: Statement of Consent, Code of Conduct, Authorization for Release of Medical Information, Authorization for Release of Medical Information Consent for Treatment, and EL3 - Consent and Release from Liability Certificate 2020R. A red callout box points to the list of forms.

More forms for signature than shown in the example image.

11. **100% Optional Donation** to your athletic program or pay participation fees (private schools only).

12. Click on the Print Friendly Page link and print the Monarch Registration acknowledgement. Please both the student/athlete and the parent/guardian sign, scan and upload this page.

ATHLETICCLEARANCE.COM MY ACCOUNT CONTACT US SIGN OUT
CLEARANCES INJURIES

Monarch
Section: Section 4
Address: 5050 Wiles Road, Coconut Creek FL 33073
Phone: (754) 322-1400

NO IMAGE AVAILABLE [Back To Clearances](#)

You have successfully completed the registration for "Lori Fuller" to play Volleyball, Girls for Monarch!

Dear Lori Fuller,
This message is to let you know Lori Fuller has started the Athletic Clearance process to participate in Volleyball, Girls for Monarch in 2020-21.
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 forms if you have not uploaded it.
I hereby give my consent for Lori Fuller, 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,
Monarch High School
Athletic Department

[Print Friendly Page](#)

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

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball, Boys	<input type="checkbox"/> Basketball, Girls	<input type="checkbox"/> Bowling, Boys
<input type="checkbox"/> Bowling, Girls	<input type="checkbox"/> Competitive	<input type="checkbox"/> Cross Country, Boys	<input type="checkbox"/> Cross Country, Girls
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Football (11 man)	<input type="checkbox"/> Soccer, Boys
<input type="checkbox"/> Golf, Boys	<input type="checkbox"/> Golf, Girls	<input type="checkbox"/> Soccer, Girls	<input type="checkbox"/> Swimming, Boys
<input type="checkbox"/> Softball	<input type="checkbox"/> Spring Football	<input type="checkbox"/> Swimming, Girls	<input type="checkbox"/> Track and Field, Boys
<input type="checkbox"/> Tennis, Boys	<input type="checkbox"/> Tennis, Girls	<input type="checkbox"/> Track and Field, Girls	<input type="checkbox"/> Track and Field, Boys
<input type="checkbox"/> Volleyball, Boys	<input type="checkbox"/> Wrestling, Boys		

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

If you would like to register for additional sports/activities you may check off those sports below the Confirmation Message. Electronic signatures will be applied to the additional sports/activities. ****PLEASE ONLY CHOOSE SPORTS THAT YOU WILL ACTUALLY PLAY.**

13. All of this data will be electronically filed with Athletic Clearance online.

14. All signatures, paperwork, and information will be verified by one of the Athletic Administrative staff.

15. **Also required every year: Proof of Insurance. Please upload a picture or scan of the student's insurance coverage.**

16. **FHSAA Physical form: all three pages must be uploaded regardless if the third page is completed by the doctor. Also, there must be a doctor's office stamp on the form as a verification.**