



Canyon del Oro Athletics Clearance Form

This form must be on file before participating with any athletic team.

All forms must be submitted into the Athletics Department before 12pm in order to attend practice the same day.

Student Name: _____ Grade: _____ Student ID#: _____

Parent/ Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Are you a transfer student? Yes/No School attended the previous year: _____

Sports participated in at previous school: _____

Current activity you would like to participate in:

FALL

- _____ Football
- _____ Girls Volleyball
- _____ Cross Country
- _____ Swim
- _____ Cheer
- _____ Golf Girls/Boys

WINTER

- _____ Basketball Girls/ Boys
- _____ Soccer Girls/ Boys
- _____ Wrestling
- _____ Cheer

SPRING

- _____ Baseball
- _____ Softball
- _____ Boys Volleyball
- _____ Beach Volleyball
- _____ Tennis Girls/ Boys
- _____ Track and Field

To be completed by school staff only

Eligible ___ Yes ___ No

Physical on File Date: _____

Transfer Student ___ Yes ___ No

Transfer Rule Applies for: _____

Brain Book Complete: _____

Opioid Course: _____

Fee Paid: _____

Athletic Director Signature