

Confirmation Message

Woodbridge |

| 2024-25

Dear

Athletic Clearance to participate in Track & Field, Girls; Flag Football, Girls was submitted to Woodbridge for review.

This does not mean that Kyra Spear has been cleared to participate in athletics/activities at Woodbridge. You are NOT CLEARED until you have uploaded a current up-to-date physical to your clearance account, and printed, signed, and submit your final confirmation page. Please print this confirmation message, sign and then upload on the Files upload page. To do this, click on the circle above Files on the homepage of your account. This will take you to the Files Upload page where you will upload the document under the section Confirmation Message. Then click **Submit Complete Registration**

You will receive an email clearance notification once you have completed all steps in the clearance process. Please contact the Woodbridge Athletic Department with any questions regarding the status of your clearance.

I hereby give my consent for the above named student to compete in IUSD Athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In the event this student becomes ill or is injured, the school representatives are authorized to have the student treated and I authorize 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. I give my permission to the Athletic Trainer to administer first aid, communicate with the team physicians and/or consulting physician, full support treatment and rehabilitation when appropriate in his/her professional judgment, as approved by the team physicians and/or consulting physicians. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

By signing below, I represent that I have read, understand and agree to the terms outlined for Athletic Clearance. I acknowledge I am freely and voluntarily signing this document, and also acknowledge and agree that the release within this document is freely and voluntarily given. I acknowledge that in executing this document, I do not rely upon any inducements, promises, or representations not reflected in this document. I confirm that all digital signatures and uploads submitted via the Athletic Clearance process have been completed by the Student and Parent/Guardian on record.

Thank you,

Woodbridge Athletic Department

Student Signature

Date

Parent Signature

Date