

West Hills HS Athletic Clearance Card

ID#: _____ Grade: _____ SPORT: _____

Student Name: _____

Address: _____

City/ZIP: _____ Phone: _____

For Finance Office use only.

Parent/Guardian Name: _____ Work/Cell Phone: _____

Emergency Contact: _____ Phone: _____ Work/Cell Phone: _____

Doctor's Name _____ Phone: _____ Hospital Choice: _____

Medicine Allergies? (Please list): _____ Currently taking medication? (Please list): _____

INSURANCE: I hereby declare that my student (named above), has medical insurance in the amount of at least \$1500 administered by _____ Insurance Co., Policy# (required) _____, which will provide coverage for medical & hospital expenses resulting from accidental bodily injury while practicing for or participating in interscholastic athletic events OR subscribes to the required insurance coverage specified through the insurance carrier approved by & made available through the Grossmont Union HS District. I ACCEPT FULL RESPONSIBILITY TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGE OR LAPSE IN THE ABOVE POLICIES. In case of an emergency and if parent/guardian and above medical doctor cannot be reached, permission is given to school authorities to seek emergency medical treatment at a hospital or medical facility.

Parent/Legal Guardian Signature: _____ Date: _____

Name: _____ Period: _____
Map _____ Notes _____ ?'s _____ Cards _____ Total _____

5. Describe the status of women in the early centuries of Islam?
6. What people and institutions helped to promote and spread the values of Islam?
7. In what ways did Persia, India, and Greece influence the realm of Islam?