



## Instructions for Parents

**Register My Athlete** allows parents to register their athletes for sports online. Here are some basic steps to follow when registering your athlete for the first time:

1. **Find Your School:** Find your school by going to <http://registermyathlete.com/schools> , selecting your state, and finding your school. Click on the school to continue to the next step. Schools are encouraged to make direct link from their school's website.
2. **Create an account:** Now begin creating your account by clicking the "Create An Account" button. After filling in the required information the system will automatically log you in and you will be required to accept the terms of use.
3. **Add a new athlete:** The next step is to add an athlete. You do so by clicking the "My Athletes" tab on the left-hand side of the page or by clicking "Add Athlete" underneath the "My Athletes" tab. This only needs to be done once during your athlete's entire career at a school. The information entered here will carry over from year to year. This information includes your athlete's contact information and medical information.
4. **The Athlete's profile:** After you've created your athlete you will be brought to their Profile page. This page is a summary of their info and involvement.
5. **Register for a sport:** Click "+Register For A Sport" to begin registration, you will be asked to choose which your athlete is registering for.
6. **Your registration checklist:** This shows the status of your athlete's registration. You will be asked complete several steps to complete registration including agreeing to documents, and completing the physical.
7. **Physicals:** Physical documents should be completed by the parents (or medical professionals as needed). Parents have the ability to upload these physical documents to the system. Uploaded documents will need to be verified by the admin at the school prior to be accepted as complete. (If a document upload is rejected for any reason, the parent will receive an email with their rejection reason. After the error has been corrected, parents will be able to re-upload the document for verification.)
8. **Complete registration:** Your registration is complete once all items on the checklist have been completed.
9. **After registration:** After registration is complete, you can login at any time to view the status of your athlete and their participation on the team.

### Additional Athletes

Under the same account, repeat steps 3-9 to register additional athletes.

### Future Seasons & Years

Once your athlete has been added to your account, you only need to follow steps 5-8 to register them for another sport.





## 2018-19 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete)

Exam Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_  
 Personal Physician: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_

**In case of emergency contact:**  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_  
 Phone (Work): \_\_\_\_\_  
 Phone (Cell): \_\_\_\_\_  
 -----  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_  
 Phone (Work): \_\_\_\_\_  
 Phone (Cell): \_\_\_\_\_

Explain "Yes" answers on the following page.  
 Circle questions you don't know the answers to.

	Y	N			
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>			
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>			
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>			
4) Do you have allergies to medicines, pollens, foods or stinging insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>			
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/>					
7) Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>			
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>			
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>			
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>			
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below)	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Elbow	<input type="checkbox"/> Forearm
<input type="checkbox"/> Hand/Fingers	<input type="checkbox"/> Chest	<input type="checkbox"/> Upper Back	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Hip	<input type="checkbox"/> Thigh
<input type="checkbox"/> Knee	<input type="checkbox"/> Calf/Shin	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot/Toes		



	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
26) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
27) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only	
	Y N
38) Have you ever had a menstrual period?	<input type="checkbox"/> <input type="checkbox"/>
39) How old were you when you had your first menstrual period?	<input type="text"/>
40) How many periods have you had in the last year?	<input type="text"/>

Explain "Yes" Answers Here
<input type="text"/>



## 2018-19 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

### Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N		Y	N
8) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents, drowning or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>	Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>			

### Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

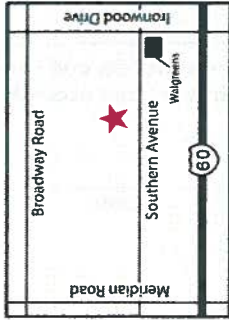
Signature of Athlete \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

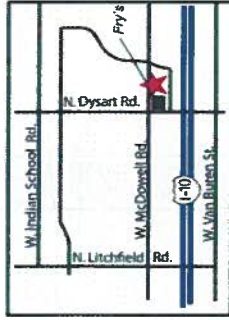
Date \_\_\_\_\_

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP \_\_\_\_\_

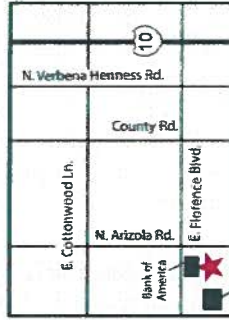
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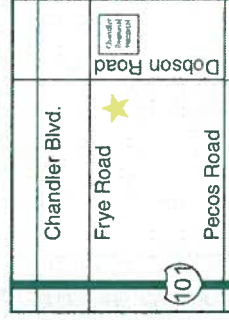
**Apache Junction • 85120**  
 2080 West Southern Ave., Suite #A1



**Avondale • 85392**  
 13075 W. McDowell Rd., Suite #D106



**Casa Grande • 85122**  
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**Chandler • 85224**  
 600 S. Dobson Road, Suite #C-26



**Chino Valley • 86323**  
 474 State Highway 89



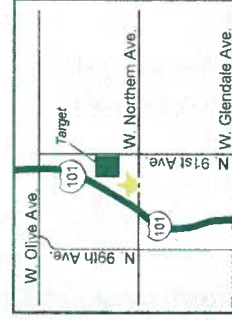
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**Flagstaff • 86001**  
 1000 N. Humphreys St., Suite #104



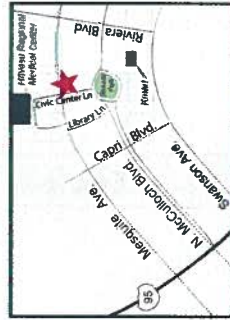
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**Glendale • 85306**  
 5410 W. Thunderbird Road, Suite #101



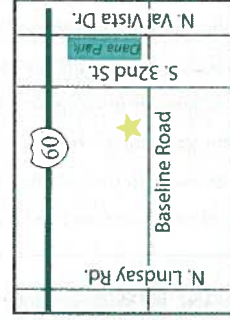
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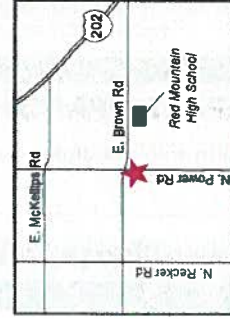
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**Mesa • 85203**  
 535 E. McKellips Road, Suite #101



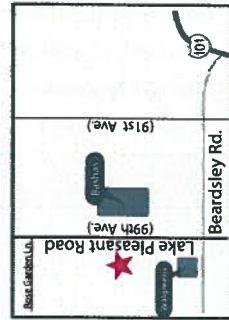
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**Mesa • 85205**  
 1066 N. Power Road, Suite #101



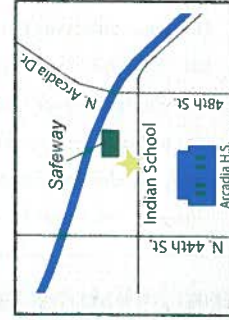
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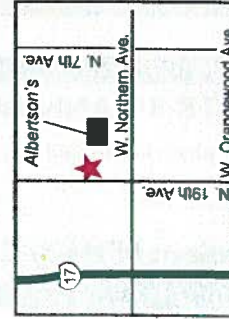
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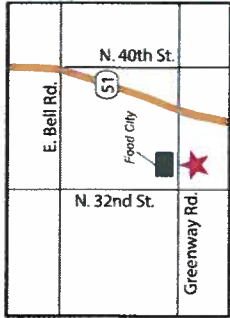
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**Phoenix • 85018**  
 4730 E. Indian School Rd., Suite #211



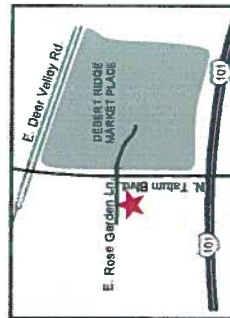
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**Phoenix • 85032**  
3229 E. Greenway Rd., Suite #102



**Phoenix • 85035**  
5920 W. McDowell Road



**Phoenix • 85050**  
20950 N. Tatum Blvd., Suite #190



**Prescott • 86301**  
2062 Willow Creek Road



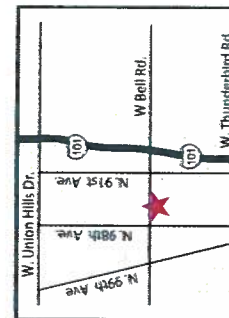
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**Scottsdale • 85260**  
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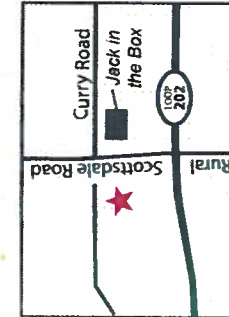
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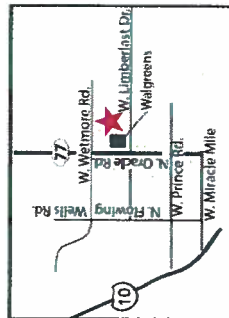
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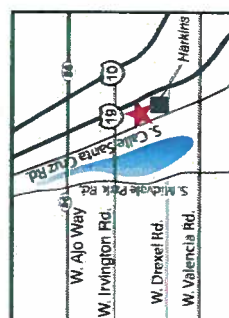
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**Tempe • 85261**  
914 N. Scottsdale Rd., Suite #104



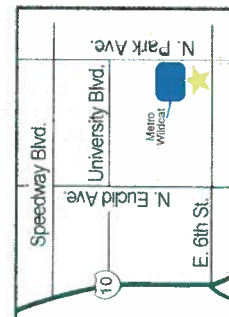
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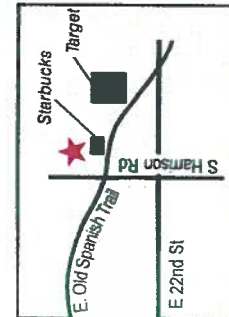
**Tucson • 85706**  
5369 S. Calle Santa Cruz, Suite #145



**Tucson • 85712**  
6238 E. Pima Street



**Tucson • 85719**  
501 North Park Ave., Suite #110



**Tucson • 85748**  
9525 E. Old Spanish Trail, Suite #101

Figure 1: Higher than the ground level



Figure 2: Higher than the ground level

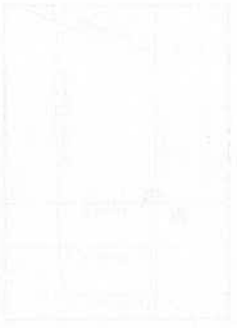


Figure 3: Higher than the ground level



Figure 4: Higher than the ground level



Figure 5: Higher than the ground level

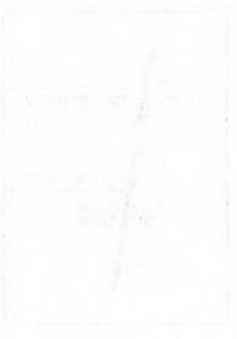


Figure 6: Higher than the ground level



Figure 7: Higher than the ground level

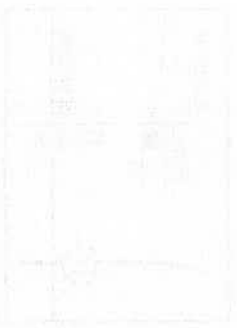


Figure 8: Higher than the ground level

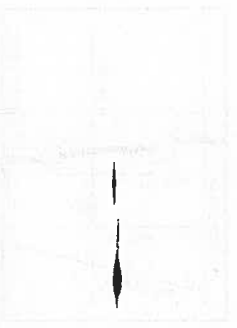


Figure 9: Higher than the ground level



Figure 10: Higher than the ground level

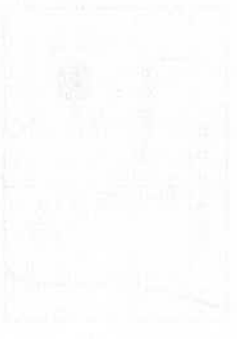


Figure 11: Higher than the ground level



Figure 12: Higher than the ground level



Figure 13: Higher than the ground level



Figure 14: Higher than the ground level



Figure 15: Higher than the ground level



SMALL GROUPS (3-5 STUDENTS) WORK TOGETHER TO COMPLETE THE ACTIVITY

SYSTEMS AND OPERATIONS MANAGEMENT  
US MILITARY MILITARY COMMANDERS OF THE

MILITARY'S OWN  
1-888-388-1205





**2018-19 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_  
 BP: \_\_\_\_ / \_\_\_\_ (\_\_\_\_ / \_\_\_\_ / \_\_\_\_)  
 Corrected: Y  N   
 Vision: R20/\_\_\_\_ L20/\_\_\_\_  
 Pupils: Equal  Unequal

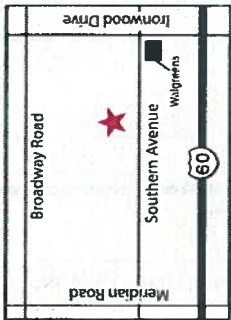
	Normal	Abnormal Findings	Initials *
<b>Medical</b>			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\* - Multi-examiner set-up only  
 & - Having a third party present is recommended for the genitourinary examination

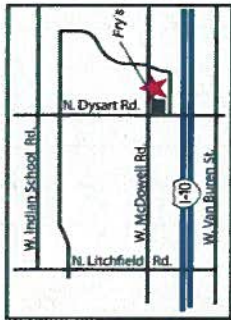
NOTES: \_\_\_\_\_

Cleared Without Restriction  
 Not Cleared For:  All Sports  Certain Sports: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_

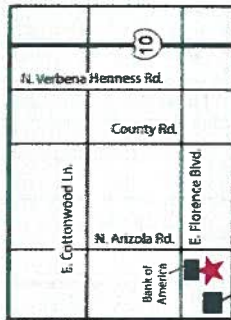
Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP



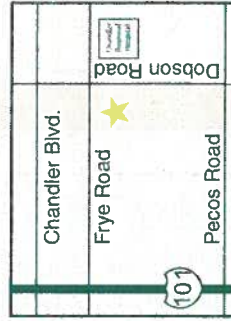
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**Avondale • 85392**  
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**Casa Grande • 85122**  
 1683 E. Florence Blvd., Suite #7



**Chandler • 85224**  
 600 S. Dobson Road, Suite #C-26



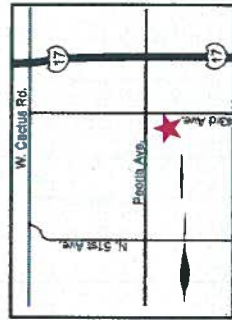
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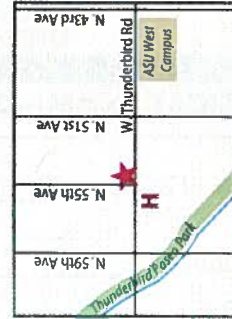
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**Glendale • 85308**  
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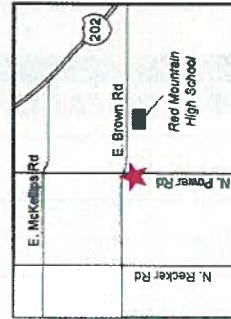
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**Mesa • 85203**  
 535 E. McKellips Road, Suite #101



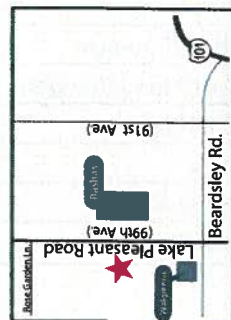
**Mesa • 85204**  
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**Mesa • 85205**  
 1066 N. Power Road, Suite #101



**Mesa • 85215**  
 4401 E. McKellips Road, Suite #102



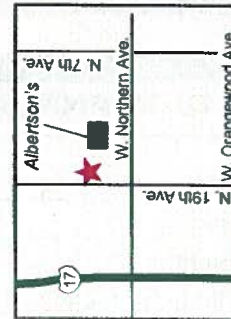
**Peoria • 85382**  
 20470 N. Lake Pleasant Rd., Suite #102



**Phoenix • 85016**  
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