

ATHLETIC

Participation Packet



Pioneer

High School



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 www.registermyathlete.com/schools, selecting your state, and finding your school. Click on the school to continue to the next step.
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 can 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 sport your athlete is registering for.
6. **Your registration checklist:** This page shows the status of your athlete's registration. You will be asked to complete several steps to complete registration including agreeing to district documents.
7. **Physicals:** The parent and athlete should complete the *Pre-Participation Physical* document prior to visiting the doctor for a physical. Take this with you to your doctor and have them complete the *Athletic Medical Exam Screening*. The doctor **MUST sign, date, and stamp** the *Athletic Medical Exam Screening* form. Return both the *Pre-Participation Physical* and the *Athletic Medical Exam Screening* to your head coach or athletic director.
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.

PLEASE RETURN TO ATHLETIC DIRECTOR

•Please make a copy for your records.

Pre-Participation Physical

Name: _____ Age: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian home phone _____ Father work # _____ Mother work # _____

Doctor's Name _____ Phone # _____

Doctor's Address _____

Sport(s): _____ Student ID# _____
(Please list all sports participating in for all seasons)

HEALTH HISTORY (MUST BE COMPLETED PRIOR TO THE EXAMINATION)

YES OR NO – HAS THE STUDENT HAD ANY:

- 1. _____ Chronic or recurrent illness?
- 2. _____ Illness lasting over 1 week?
- 3. _____ Hospitalization?
- 4. _____ Missing organs?
- 6. _____ Allergies (medications, food)?
- 7. _____ Problems with heart/blood pressure?
- 8. _____ Chest pain/severe shortness of breath
W/exercise?
- 9. _____ Dizziness or fainting with exercise?
- 10. _____ Fainting, bad headaches or convulsions?
- 11. _____ Concussion or loss of consciousness?
- 12. _____ Heat exhaustion, heatstroke, or other
problems with heat?

YES OR NO – IS THERE ANY HISTORY OF:

- 13. _____ Injuries requiring physical treatment?
- 14. _____ Neck or back injury?
- 15. _____ Knee injury?
- 17. _____ Ankle injury?
- 18. _____ Other serious joint injury?
- 19. _____ Broken bones (fractures)?

YES OR NO – FURTHER HISTORY:

- 20. _____ Is there any reason why this student
should not participate in sports?
- 21. _____ Has any family member died
suddenly at less than 40 years of age?
Of causes other than an accident?
- 22. _____ Has any family member had a heart
attack at less than 55 years of age? Of what
age?

YES OR NO – DOES THIS STUDENT:

- 23. _____ Wear eyeglasses or contact lenses?
- 24. _____ Wear dental bridges, braces, retainers or plates?
- 25. _____ Take any medications? Please list. _____

Date of last known tetanus shot: _____

Use this space to explain any yes answers to the above questions:

Parent/Guardian Signature _____

Date _____

*The doctor must sign, date, and stamp the physical form.

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Athletic Medical Exam Screening

General Examination to be completed by the examining physician

Name: _____ Sport (s) _____

	<u>Normal</u>	<u>Abnormal</u> (describe)	Pulse _____
Eyes, Ears, Nose, Throat: _____			Blood Pressure _____
Skin: _____			Height _____
Lungs: _____			Weight _____
Heart: _____			Visual Acuity R: _____
Abdomen: _____			L: _____

Suggested Musculoskeletal Exam

		NL	AB	Describe Abnormal
<i>Neck</i>				
Motion/Strength				
Flexion	____			
Extension	____			
Rotation	____			
Lateral Flexion Right	____			
Lateral Flexion Left	____			
				<i>Knee Joint</i>
				Effusion _____
				Tenderness _____
				<i>Quadriceps</i>
				Size _____
				Defects _____
				<i>Patella</i>
				Tenderness _____
				Crepitus _____
				Abnormal Tracking _____
				Subluxable _____
				<i>Patellar Tendon</i>

				<i>Tibial Tubercle</i>

				<i>Ligaments</i>
				Medical Collateral _____
				Lateral Collateral _____
				Anterior Cruciate _____
				Posterior Cruciate _____
				Cartilage Testing _____
				Strength _____
				Hip Flexors _____
				Hamstrings _____
<i>Shoulder</i>				
MOTION/STRENGTH				
Forward Flexion	____			
Abduction	____			
Extension	____			
Internal Rotation	____			
External Rotation	____			
Horizontal Adduction	____			
STABILITY	____			
A/C JOINT	____			
<i>Elbow</i>				
MOTIONS/STRENGTH				
Biceps Flexion	____			
Triceps Extension	____			
Supination	____			
Pronation	____			

<i>General Flexibility</i>		<i>Ankle</i>	
Hamstrings	____	Motion/Strength	
Lumbar Spine	____	Plantar Flexion	____
Adductors	____	Dorsiflexion	____
Achilles	____	Inversion	____
Wrist/Hand	____	Eversion	____
		Spine/Scoliosis	____

Recommendations:

_____ **UNLIMITED PARTICIPATION**

_____ Clearance withheld pending further evaluation (comment below)

_____ Participation limited to specific cheer/spirit components (comment below)

_____ **NO cheer/spirit participation (comment below)**

Comments:

Signature _____ MD/DO Date _____