

REGISTER MY ATHLETE

Register My Athlete streamlines the process of registering students for participation in high school athletics.

Instructions for Parents

- 1. Find Your School:** <http://registermyathlete.com/schools/> to access the webpage.
- 2. Create an account:** 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 form 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 documents, and completing the physical.
- 7. Physicals:** Physical documents should be completed by the parents and medical professionals. Parents have ability to upload these physical documents to the system. Uploaded documents will need to be verified by school administration prior to participation to be accepted as complete. If a document upload is rejected for any reason, the parent will receive an email with the 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 log in 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.

Barrow Brainbook Online Concussion Course

Brainbook Instructions:

1. Go to <https://academy.azpreps365.com/>
2. Click on “Register for an Account”
3. Once the student has registered, he/she will login and begin the course
4. Complete the course and print the Brainbook Concussion Course completions certificate and submit to the Athletic Office.

(Students must score 80% or above). This is a one-time only requirement; you will not have to take the course each year.

PLEASE NOTE:

THIS MUST BE COMPLETED PRIOR TO THE FIRST HIGH SCHOOL PRACTICE. THIS IS AN AIA REQUIREMENT. IF THE TEST IS NOT COMPLETED, THE STUDENT WILL NOT BE ELIGIBLE FOR TRYOUTS.



TIME SENSITIVE FOR TRANSFER STUDENTS
YOU CANNOT GAIN ELIGIBILITY UNTIL THIS IS
COMPLETED

If you are transferring to Westwood from another high school, you will need to complete a 550 form to be eligible to compete in a sport. Even if you did not play that sport at your previous school.

This form can be completed online at:

<https://bit.ly/550form>

If you need assistance, please contact the Athletic Office at:

480-472-4401 or dalee@mpsaz.org



WESTWOOD ATHLETICS









 [westwoodathletics](https://www.instagram.com/westwoodathletics)  [@WestwoodMesa](https://twitter.com/@WestwoodMesa)  [westwoodathletics](https://www.facebook.com/westwoodathletics)



2020-21 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?																				
2) Do you have an ongoing medical conditional (like diabetes or asthma)?																				
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____																				
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____																				
5) Does your heart race or skip beats during exercise?																				
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection																				
7) Have you ever spent the night in a hospital?																				
8) Have you ever had surgery?																				
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)																				
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):																				
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):																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%;">Head</td> <td style="width: 16.6%;">Neck</td> <td style="width: 16.6%;">Shoulder</td> <td style="width: 16.6%;">Upper Arm</td> <td style="width: 16.6%;">Elbow</td> <td style="width: 16.6%;">Forearm</td> </tr> <tr> <td>Hand/Fingers</td> <td>Chest</td> <td>Upper Back</td> <td>Lower Back</td> <td>Hip</td> <td>Thigh</td> </tr> <tr> <td>Knee</td> <td>Calf/Shin</td> <td>Ankle</td> <td>Foot/Toes</td> <td></td> <td></td> </tr> </table>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes				
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Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh															
Knee	Calf/Shin	Ankle	Foot/Toes																	

Y N

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

Females Only

Explain "Yes" Answers Here

	Y	N
37) Have you ever had a menstrual period?		
38) How old were you when you had your first menstrual period?		_____
39) How many periods have you had in the last year?		_____



2020-21 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?		
2) Has your child ever had extreme shortness of breath during exercise?		
3) Has your child had extreme fatigue associated with exercise (different from other children)?		
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
5) Has a doctor ever ordered a test for your child's heart?		
6) Has your child ever been diagnosed with an unexplained seizure disorder?		
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		

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

	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)		
9) Are there any family members who died suddenly of "heart problems" before age 50?		
10) Are there any family members who have unexplained fainting or seizures?		
11) Are there any relatives with certain conditions, such as:		
Y	N	Y
Enlarged Heart		Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)
Hypertrophic Cardiomyopathy (HCM)		Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)
Dilated Cardiomyopathy (DCM)		Marfan Syndrome (Aortic Rupture)
Heart Rhythm Problems		Heart Attack, Age 50 or Younger
Long QT Syndrome (LQTS)		Pacemaker or Implanted Defibrillator
Short QT Syndrome		Deaf at Birth
Brugada Syndrome		

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

 Date



2020-21 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 *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
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

Cleared With Following 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