

REGISTRAR MI ATLETA

Registrar Mi Atleta agiliza el proceso de registro de estudiantes para la participación en el atletismo de la escuela secundaria.

Instrucciones para Padres

- 1. Encuentre su escuela:** En la página <http://registermyathlete.com/schools/>, seleccionando su estado, y encuentre su escuela. Presione con un clic en su escuela y continúe con el siguiente paso. Las escuelas están animándoles a que se enlace directamente desde la página de su escuela.
- 2. Creando una cuenta:** Usted puede crear una cuenta presionando con un clic en el botón "Create An Account". Después de llenar la información requerida el Sistema automáticamente le pedirá que acepte los términos de la página.
- 3. Adhiriendo un atleta nuevo:** El siguiente paso es adherir al atleta. Usted puede hacer esto presionando con un clic en el botón "My Athletes" que se encuentra en el lado izquierdo de la página o también puede presionar con un clic en el botón "Add Athlete" que se encuentra debajo del botón "My Athletes". Esto se debe hacerse únicamente una sola vez durante el tiempo que dure en la escuela de la carrera del atleta. Esta información se transfiere año por año al siguiente año escolar. Esta información incluye la información médica y contactos del atleta.
- 4. El perfil del atleta:** Una vez creado el perfil de su atleta estará disponible en la página. Esta página tendrá un resumen sobre la información y participación del atleta.
- 5. Registración para un deporte:** Para registrarse haga un clic "+Register For A Sport", aquí se le preguntara en cual deporte se está registrando.
- 6. Lista de su registración:** Esta página le enseña el estado de registración de su atleta. Se le pedirá que a completar varios pasos de la registración incluyendo documentos de un acuerdo, y completando el examen físico.
- 7. Físicos:** Los documentos del físico deberán estar completados por parte de los padres y un profesional médico. Los padres pueden poner este examen físico al sistema o traerlo a la oficina. Todo documento que haya sido puesto en la página del sistema será verificado por el administrador de la escuela antes de que pueda ser aceptado como un documento completo. (Si un documento es puesto (load) en el Sistema y fue rechazado, los padres recibirán un correo electrónico con la razón por el rechazo. Una vez que se haya corregido el error, los padres podrán volver a poner la información de nuevo para su verificación.)
- 8. Registración completa:** Su registración esta completa una vez que todos los pasos en la lista de verificación hayan sido completados.
- 9. Después de registrarse:** Después que su registración esta completa, usted puede entrar en la página para revisar el estado de su atleta y las participaciones con su equipo.

Atletas Adicionales. Puede usar la misma cuenta, solo siga los pasos del 3 al 9 para registrar o adherir a un atleta adicional.

Temporadas y Años futuros. Una vez que su atleta haya sido adherido a su cuenta, solo tiene que seguir los pasos del 5 al 8 para registrar a su atleta en otro deporte.

Brainbook Online Concussion Course

(Curso BrainBook es un curso sobre las conmociones cerebrales)

Instrucciones de “Brainbook”:

1. Vaya a la página <https://academy.azpreps365.com/>
2. Poner un “clic” en la página “BrainBook Concussion Course”
3. El estudiante debe “clic” y entrar la página “Register as Student”
4. Una vez que el estudiante se registre el/ella podrá comenzar el curso
5. Cuando completa el curso, imprima el Certificado verificando que tomó y completó el curso de BrainBook y entréguelo en la oficina de Atletismo.

(El estudiante deberá obtener un promedio de 80% o mayor). Este es un requerimiento de una sola vez, usted no volverá a tomar este curso año por año.

POR FAVOR TOME NOTA:

ESTA CURSO DEBE SER COMPLETADO ANTES DE EL PRIMER DIA DE PRACTICAS DE LA ESCUELA. SI ESTE EXAMEN NO ESTA COMPLETO, EL ESTUDIANTE NO SERA ELEGIBLE PARA “Tryouts”.



**IMPORTANTE AHORA PARA LOS ESTUDIANTES DE
TRANSFERENCIA**

**NO PUEDE OBTENER ELEGIBILIDAD HASTA QUE ESTO
SE COMPLETE**

Si usted está transfiriendo a Westwood desde otra escuela secundaria, tendrá que completar un formulario 550 para ser elegible para competir en un deporte. Incluso si no jugaste ese deporte en su escuela anterior.

Este formulario se puede completar en línea aquí:

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

Si necesita ayuda, por favor póngase en contacto con la oficina de atletismo en:

480-472-4401 or dalee@mpsaz.org



WESTWOOD ATHLETICS









 westwoodathletics  @WestwoodMesa  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 border="0" style="width: 100%;"> <tr> <td>Head</td> <td>Neck</td> <td>Shoulder</td> <td>Upper Arm</td> <td>Elbow</td> <td>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		
Enlarged Heart		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm Problems		
Long QT Syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
Marfan Syndrome (Aortic Rupture)		
Heart Attack, Age 50 or Younger		
Pacemaker or Implanted Defibrillator		
Deaf at Birth		

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