

## Aktivate Formerly Registermyathlete.com

### Registration for Parents

- ☐ Go to [www.aktivate.com](http://www.aktivate.com)
- ☐ Click Login
- ☐ Click Create an Account (You only need ONE account, even if you have children in more than one high school and/or junior high; Do Not create another account if you have used Register My Athlete in the past)
- ☐ Fill in personal account information (**this should be the Parent's personal information**)
- ☐ You will be using the site as a Parent
- ☐ Click Submit

#### **After you have an account:**

- ☐ Login
  - ☐ Under the Parents header (Blue), Click the button labeled "Click here to start/complete athlete registrations". (the first time you log in you will be asked to agree to terms and conditions)
  - ☐ Click Start/Complete a Registration (upper left hand corner of the page)
  - ☐ Click Start a New Registration - **this is where you will enter all of your Athlete's information**
  - ☐ Click on the red bars to complete all requirements
  - ☐ Click the orange button on the lower left side of the screen for live chat
- or email [support@aktivate.com](mailto:support@aktivate.com) for assistance

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT FOR  
MIDDLE SCHOOL STUDENT ATHLETIC PARTICIPATION**

**Instructions:** This form must be notarized and returned to the Head Coach/Athletic Director's Office with the Athletic Packet. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_ Student No. \_\_\_\_\_

School Name \_\_\_\_\_ School Year \_\_\_\_\_

Initial sport/activity this agreement governs (Grades 6-8) \_\_\_\_\_ Basketball \_\_\_\_\_ Track \_\_\_\_\_ Golf \_\_\_\_\_  
\_\_\_\_\_ Tennis \_\_\_\_\_ Volleyball \_\_\_\_\_ Intramurals \_\_\_\_\_

Parent/Guardian Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I/We fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training and other rules associated with this sport/activity.

I/We understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity.

☐ Yes I/we will be purchasing the student accident insurance made available through the Sarasota School District.

☐ No I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a sports injury.

Insurance Company Name \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Dates \_\_\_\_\_

This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules and regulations the Sarasota School District. I/we give my/our consent for my/our student/child/ward to engage in Sarasota School District approved athletic activities as a representative of the student's school. I/we give my/our consent for him/her to accompany the team on out of town/county trips.

In consideration of The School Board of Sarasota County, Florida, permitting my/our student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, and its employees and agents from and against all claims, judgments, cost, expenses, attorney fees, including but not limited to, claims occurring from the negligence of The School Board of Sarasota County, Florida, its employees, and agents arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I/We acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement.

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF FLORIDA, SARASOTA COUNTY

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is

☐ Personally known ☐ Produced identification Type of Identification Produced \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Typed or Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_ Commission No. \_\_\_\_\_

RET: Master, 7SY, GS7 172

027-01-DIS  
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THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS**

**Instructions:** This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

**Part 1. Student Information (to be completed by student or parent).**

Student Name (Print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Student No \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent/Guardian Name (Print) \_\_\_\_\_ E-mail \_\_\_\_\_  
Person to Contact in Case of Emergency \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Personal/Family Physician Name (Print) \_\_\_\_\_ Office Phone \_\_\_\_\_

**Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.**

- |                                                                                                                               | Yes   | No    |                                                                                                                                                                                                                                                  | Yes   | No    |
|-------------------------------------------------------------------------------------------------------------------------------|-------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?                                      | _____ | _____ | 26. Have you ever become ill from exercising in the heat?                                                                                                                                                                                        | _____ | _____ |
| 2. Do you have an ongoing chronic illness?                                                                                    | _____ | _____ | 27. Do you cough, wheeze or have trouble breathing during or after activity?                                                                                                                                                                     | _____ | _____ |
| 3. Have you ever been hospitalized overnight?                                                                                 | _____ | _____ | 28. Do you have asthma?                                                                                                                                                                                                                          | _____ | _____ |
| 4. Have you ever had surgery?                                                                                                 | _____ | _____ | 29. Do you have seasonal allergies that require medical treatment?                                                                                                                                                                               | _____ | _____ |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | _____ | _____ | 30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? | _____ | _____ |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?               | _____ | _____ | 31. Have you had any problems with your eyes or vision?                                                                                                                                                                                          | _____ | _____ |
| 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?                                | _____ | _____ | 32. Do you wear glasses, contacts or protective eyewear?                                                                                                                                                                                         | _____ | _____ |
| 8. Have you ever had a rash or hives develop during or after exercise?                                                        | _____ | _____ | 33. Have you ever had a sprain, strain or swelling after injury?                                                                                                                                                                                 | _____ | _____ |
| 9. Have you ever passed out during or after exercise?                                                                         | _____ | _____ | 34. Have you broken or fractured any bones or dislocated any joints?                                                                                                                                                                             | _____ | _____ |
| 10. Have you ever been dizzy during or after exercise?                                                                        | _____ | _____ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? If yes, check appropriate blank and explain below:                                                                                               | _____ | _____ |
| 11. Have you ever had chest pain during or after exercise?                                                                    | _____ | _____ | _____ Head _____ Elbow _____ Hip                                                                                                                                                                                                                 |       |       |
| 12. Do you get tired more quickly than your friends do during exercise?                                                       | _____ | _____ | _____ Neck _____ Forearm _____ Thigh                                                                                                                                                                                                             |       |       |
| 13. Have you ever had racing of your heart or skipped heartbeats?                                                             | _____ | _____ | _____ Back _____ Wrist _____ Knee                                                                                                                                                                                                                |       |       |
| 14. Have you had high blood pressure or high cholesterol?                                                                     | _____ | _____ | _____ Chest _____ Hand _____ Shin/Calf                                                                                                                                                                                                           |       |       |
| 15. Have you ever been told you have a heart murmur?                                                                          | _____ | _____ | _____ Shoulder _____ Finger _____ Ankle                                                                                                                                                                                                          |       |       |
| 16. Has any family member or relative died of heart problems or sudden death before age 50?                                   | _____ | _____ | _____ Upper Arm _____ Foot                                                                                                                                                                                                                       |       |       |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?                  | _____ | _____ | 36. Do you want to weigh more or less than you do now?                                                                                                                                                                                           | _____ | _____ |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems?                            | _____ | _____ | 37. Do you lose weight regularly to meet weight requirements for your sport?                                                                                                                                                                     | _____ | _____ |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?    | _____ | _____ | 38. Do you feel stressed out?                                                                                                                                                                                                                    | _____ | _____ |
| 20. Have you ever had a head injury or concussion?                                                                            | _____ | _____ | 39. Have you ever been diagnosed with sickle cell anemia?                                                                                                                                                                                        | _____ | _____ |
| 21. Have you ever been knocked out, become unconscious or lost your memory?                                                   | _____ | _____ | 40. Have you ever been diagnosed with having the sickle cell trait?                                                                                                                                                                              | _____ | _____ |
| 22. Have you ever had a seizure?                                                                                              | _____ | _____ | 41. Record the dates of your most recent immunizations (shots) for:                                                                                                                                                                              |       |       |
| 23. Do you have frequent or severe headaches?                                                                                 | _____ | _____ | Tetanus _____ Measles _____                                                                                                                                                                                                                      |       |       |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet?                                                 | _____ | _____ | Hepatitis B _____ Chickenpox _____                                                                                                                                                                                                               |       |       |
| 25. Have you ever had a stinger, burner or pinched nerve?                                                                     | _____ | _____ |                                                                                                                                                                                                                                                  |       |       |

Explain "Yes" answers here. \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS

**Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).**

Student Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % of Body Fat (Optional) \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Temperature \_\_\_\_\_ Hearing Right P \_\_\_\_\_ F \_\_\_\_\_ Left P \_\_\_\_\_ F \_\_\_\_\_

Visual Acuity Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Corrected ☐ Yes ☐ No Pupils Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
1. Appearance			
2. Eyes/Ears/Nose/Throat			
3. Lymph Nodes			
4. Heart			
5. Pulses			
6. Lungs			
7. Abdomen			
8. Genitalia (males only)			
9. Skin			
<b>MUSCULOSKELETAL</b>			
10. Neck			
11. Back			
12. Shoulder/Arm			
13. Elbow/Forearm			
14. Wrist/Hand			
15. Hip/Thigh			
16. Knee			
17. Leg/Ankle			
18. Foot			

\*station based examination only

### ASSESSMENT OF EXAMINING PHYSICIAN/ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusions(s).

☐ Cleared without limitation

☐ Disability \_\_\_\_\_ Diagnosis \_\_\_\_\_

☐ Precautions \_\_\_\_\_

☐ Not Cleared For \_\_\_\_\_ Reason \_\_\_\_\_

☐ Cleared after completing evaluation/rehabilitation for \_\_\_\_\_

☐ Referred to \_\_\_\_\_ For \_\_\_\_\_

Recommendations \_\_\_\_\_

Physician Stamp (Below)

Physician/Assistant/Nurse Practitioner Name (Print) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Physician/Assistant/Nurse Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_

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**PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS**

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (IF APPLICABLE)**

Student Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

I hereby certify that each examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s).

☐ Cleared without limitation

☐ Disability \_\_\_\_\_ Diagnosis \_\_\_\_\_

☐ Precautions \_\_\_\_\_

☐ Not Cleared For \_\_\_\_\_ Reason \_\_\_\_\_

☐ Cleared after completing evaluation/rehabilitation for \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Name (Print) \_\_\_\_\_ Physician Stamp (Below)

Address \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Physician Signature Date

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

