

Aktivate Formerly Registermyathlete.com

Registration for Parents

- Go to 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 for assistance

Available July 2022, download the Aktivate mobile app for your team communications

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?	___	___	FEMALES ONLY (optional)		
			42. When was your first menstrual period?		
			43. When was your most recent menstrual period?		
			44. How much time do you usually have from the start of one period to the start of another?		
			45. How many periods have you had in the last year?		
			46. What was the longest time between periods in the last year?		

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*
MEDICAL			
1. Appearance			
2. Eyes/Ears/Nose/Throat			
3. Lymph Nodes			
4. Heart			
5. Pulses			
6. Lungs			
7. Abdomen			
8. Genitalia (males only)			
9. Skin			
MUSCULOSKELETAL			
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 _____

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.

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. _____