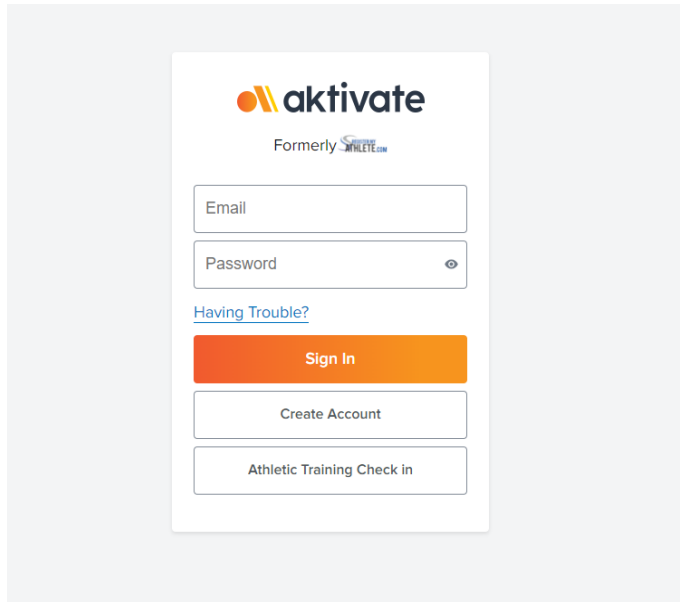


Creating an Account:

DO NOT USE THE APP. USE ONLY A WEB BROWSER

1. Go to <https://registermyathlete.com/login/>



2. Click on Create Account

3. Click on Parent. Fill out the information on the page and click create an account on bottom.

Account Creation

*Select type of the account

- ☒ parent
☐ coach
☐ administrator

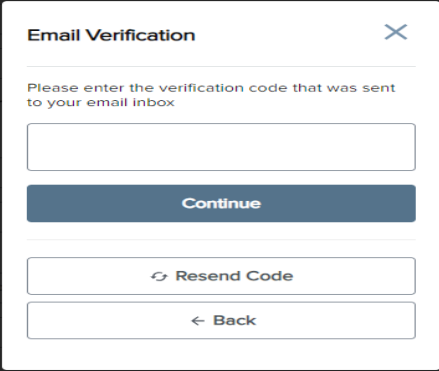
Account Details

Complete required (*) fields to create an Aivate account.

*First Name	*Last Name
*Email	
*Password	
*Repeat Password	
*Primary Phone	Cell
Phone 2 (Optional)	Work

☐ Allow my school to send important messages to me via text message

4. Verify your email

An email verification modal window is displayed over a dark background. The modal has a title bar with "Email Verification" and a close button (X). The main text says "Please enter the verification code that was sent to your email inbox". Below this is a text input field. Under the input field is a blue "Continue" button. At the bottom of the modal are two more buttons: a "Resend Code" button with a circular arrow icon and a "Back" button with a left arrow icon.

Email Verification

Please enter the verification code that was sent to your email inbox

Continue

Resend Code

Back

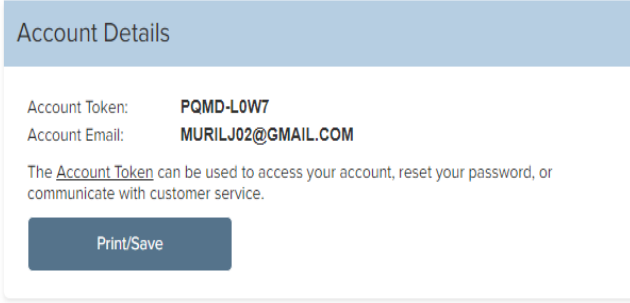
5. Save account information.

Your Permanent Account Information

Please print or save this page.

Congratulations! You have successfully created your account.

Please take note of your account details below as this is a permanent account. You should not ever need to create another account.

A light blue header bar contains the text "Account Details". Below the header, the "Account Token" is listed as "PQMD-L0W7" and the "Account Email" is listed as "MURILJ02@GMAIL.COM". A paragraph explains that the Account Token can be used to access the account, reset the password, or communicate with customer service. A blue "Print/Save" button is located at the bottom of the card.

Account Details

Account Token: **PQMD-L0W7**

Account Email: **MURILJ02@GMAIL.COM**

The Account Token can be used to access your account, reset your password, or communicate with customer service.

Print/Save

Got It! I'm Done Here

6. Click Got it! I'm done here.

7. Click Start/complete

The screenshot shows a user dashboard. On the left, a sidebar menu titled "What would you like to do?" contains several options: "Start/Complete Registrations" (highlighted with a yellow circle), "Athlete Information", "Store", "Email", "Messages", "Transfers", "Make a Donation", and "View Athlete Documents". The main content area is titled "Announcements" and includes a table with columns "School", "Date", and "Announcement". Below the table, it states "You have no recent announcements."

8. Click new registration

The screenshot shows the "Athlete Registration" page. At the top, there's a header with the "Athlete Registration" title and links for "Account", "Cart", and a globe icon. On the left, a sidebar contains "Activate Home", "Messages (0)", and "Navigation". The main content area is titled "Registration Management" and features a "New Registration +" button in the top right corner.

9. Select school for your athlete. Then select Athlete. Then it will ask you to Add Athlete.

The screenshot shows the "Registration Checklist" page. The sidebar on the left includes "Activate Home", "Messages (0)", "Navigation", and "Logout". The main content area has a progress bar with five steps: "Registration Started" (completed), "Athlete Information", "Pre Registration", "Special Offers", and "Registration Checklist". Below the progress bar, it says "Click on each box to the required tasks" and "Note that this information is unique to the school where you are registering." There are two task boxes: "Select School" (checked) and "Select Athlete" (unchecked). To the right, a "Registration Summary" section shows details: Status (NOT COMPLETE), Athlete Notes (No Athlete Notes), Actions (Print Registration Profile), School (Fort Lauderdale High School), City (Fort Lauderdale, FL), and Athlete (-).

This screenshot shows the same "Registration Checklist" page as the previous one, but with a modal dialog box open in the center. The dialog is titled "Registration Checklist" and contains the text "You will need enter your athletes information." Below the text are two buttons: "Add New Athlete" and "Cancel". The background of the page is dimmed.

10. Fill out Athlete Summary

Athlete Summary

Please avoid using auto-complete on fields. Auto-complete will often change the athlete name to the parent name.

*Athlete's Full Legal Name (first middle last)

(As found on a legal document such as a birth certificate, passport, etc.)

Suffix

(Jr., 3rd, etc)

*Document where legal name is found (No Upload Required)

(The document that has the full legal name)

*Date Of Birth

MM/DD/YYYY

*Athlete First Name

Athlete Middle Name

*Athlete Last Name

*Gender

11. Select sport or sports

Sport Selection

What academic year will you be registering for?

(Grade: 11)

Please select the sport(s) that you would like to register for during the selected academic year.

- ☐ Baseball
- ☐ Boys Basketball
- ☐ Boys Cross Country
- ☐ Boys Golf
- ☐ Boys Soccer

12. Fill out Guardian Info, Insurance information, Medical Info and Gap Medical (optional), then after those are complete answer school questionnaire (required) and additional opportunities (optional can decline within question).

Click on each box to the required tasks

Note that this information is unique to the school where you are registering.

- | | |
|--|---|
| <input type="checkbox"/> Guardian Info | → |
| <input type="checkbox"/> Insurance | → |
| <input type="checkbox"/> Medical Info | → |
| <input type="checkbox"/> Gap Medical Insurance | → |

Click on each box to the required tasks

Note that this information is unique to the school where you are registering.

- | | |
|--|---|
| <input checked="" type="checkbox"/> School Questionnaire | → |
| <input type="checkbox"/> Additional Opportunities | → |

13. complete each of the following sections.

Click on each box to the required tasks

Note that this information is unique to the school where you are registering.

- | | |
|--|---|
| <input type="checkbox"/> Electronic Documents 4 | → |
| <input type="checkbox"/> Custom Forms 1 | → |
| <input type="checkbox"/> Physical Documents 8 | → |

14. Electronic Documents are the following that require e-signature, Custom Forms is the FHSAA EL 3, and physical documents MUST be uploaded.

Broward County Parent Sportsmanship Pledge
Broward County Student-Athlete Sportsmanship Pledge
Parent Arranged Transportation Form
U-18 Consent Form

Please click on each section and complete each step.

All changes are automatically saved.

EL3 Consent and Release

15. before uploading documents, you must sign final E-signature to proceed.

Registration Checklist

<input checked="" type="checkbox"/> Electronic Documents	<input checked="" type="checkbox"/> Custom Forms	
--	--	--

Please click on each section and complete each step.

All changes are automatically saved.

Final E-Signature

Steps

1. Please respond to the following:

Final E-sign Legal Guardian Agreement

☐ I am the parent or legal guardian of this athlete, and I fully accept and agree to the terms of participation as outlined in the registration documents and

The parent/legal guardian will please e-sign to this agreement.

Legal Guardian E-Sign

Please E-Sign by typing your name exactly as it appears here: **A A** and click E-Sign

<input type="text" value="Type Full Name"/>	E-Sign
---	---------------

Final E-sign Student Agreement

☐ As an athlete, I fully accept and agree to the terms of participation as outlined in the registration documents.

16. The following are mandatory forms that must be uploaded

Please click on each section and complete each step.

All changes are automatically saved.

EL2 - Preparticipation Physical Evaluation

Birth Certificate Upload

Insurance Card Upload

NFHS Concussion for Students Course

NFHS Bullying, Hazing and Inappropriate Behaviors

NFHS Heat Illness Course

NFHS Sudden Cardiac Arrest Course

FHSAA GA4 Participation Form (For Transfer Students Only)

- Under EL 2, You can download the only physical allowed to be accepted for athletic activity. Page 4 is required WITH DOCTOR SIGNATURE AND OFFICE STAMP ON FHSAA EL 2 FORM ONLY. Good for one calendar year.
- Birth certificate required for all sports and good for 4 years.
- Insurance card must be uploaded. If insurance is needed you can purchase at www.schoolinsuranceofflorida.com/. If playing football, football insurance must be purchased.
- NFHS Concussion for Students Course; NFHS Bullying, Hazing and Inappropriate Behaviors, NFHS Heat Illness Course and NFHS Student Cardiac Arrest Course must be completed (link within Aktivite) Click download and it will take you to Read document, when you click read document it will take you to the NFHS website to complete the required courses.

The information your school would like you to read is hosted at another site.

Please click "Read Document". This site will be opened in a new tab. Read the information provided by your school and return to this tab. Then select "I have read the document".

Read Document

- FHSAA GA 4 form is only for students who played a sport at another high school prior to coming to Fort Lauderdale.

16. Once all forms are uploaded, be on the lookout for an email for any missing information or if your athlete is approved and cleared to play.

All questions and concerns please email joseph.murillo@browardschools.com



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		Yes	No
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

Student's Full Name: _____ Date of Birth: ____ / ____ / ____ School: _____

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		

MEDICAL QUESTIONS		Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
23	Have you ever become ill while exercising in the heat?		
24	Do you or does someone in your family have sickle cell trait or disease?		
25	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (continued)		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

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 physical evaluation required by Florida Statute 1006.20, and FHSAA Bylaw 9.7, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____ / ____ / ____



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ____ / ____ / ____ School: _____

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

<ul style="list-style-type: none">Do you feel stressed out or under a lot of pressure?	<ul style="list-style-type: none">Do you ever feel sad, hopeless, depressed, or anxious?
<ul style="list-style-type: none">Do you feel safe at your home or residence?	<ul style="list-style-type: none">During the past 30 days, did you use chewing tobacco, snuff, or dip?
<ul style="list-style-type: none">Do you drink alcohol or use any other drugs?	<ul style="list-style-type: none">Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
<ul style="list-style-type: none">Have you ever taken any supplements to help you gain or lose weight or improve your performance?	<ul style="list-style-type: none">Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

- ☐ Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment.
Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

EXAMINATION

Height: _____ Weight: _____

BP: ____ / ____ (____ / ____) Pulse: _____ Vision: R 20/____ L 20/____ Corrected: Yes No

MEDICAL - healthcare professional shall initial each assessment **NORMAL** **ABNORMAL FINDINGS**

Appearance <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph Nodes		
Heart <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none">Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment **NORMAL** **ABNORMAL FINDINGS**

Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional <ul style="list-style-type: none">Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____ / ____ / ____

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*

☐ Medically eligible for only certain sports as listed below:

☐ Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary)

I hereby certify that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____/____/____

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

- ☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: (use additional sheet, if necessary)

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

- ☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other

Explain: _____

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ____ / ____ / ____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

- ☐ Medically eligible for all sports without restriction as of the date signed below
- ☐ Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

☐ Medically eligible for only certain sports as listed below:

☐ Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): _____ Date of Exam: ____ / ____ / ____

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*