



UNION MINE HIGH SCHOOL

Home of the “DIAMONDBACKS”

umhs.eduhsd.k12.ca.us (select Athletics)

Principal: Paul Neville

Athletic Director: [Jay Aliff](#)

2017-18 ATHLETICS REGISTRATION INFO

FALL

August 7, 2017

Cross Country - *Co-Ed*

Golf – *Girls*

Football (JV/V)

Volleyball – *Girls* (F/JV/V)

WINTER

November 6, 2017

Basketball – *Boys* (F/JV/V)

Basketball – *Girls* (JV/V)

Ski/Snowboard – *Co-Ed*

Soccer – *Boys* (JV/V)

Soccer – *Girls* (JV/V)

Wrestling (JV/V)

SPRING

February 5, 2017

Baseball (JV/V)

Golf -*Boys*

Softball (JV/V)

Swimming - *Co-Ed*

Tennis - *Co-Ed*

Track & Field - *Co-Ed*

Volleyball – *Boys* (JV/V)

1. REGISTER ONLINE

The online registration must be completed by the parent/legal guardian of the student.

- <https://unionmine.8to18.com> (no www.)
- Click “Create an Account” and enter your own email address and create a password.
 - *Please remember this password as you will use this each year for your child/children for sports registration.*
- Click “Begin Registration”
- Select “Activity” (select all the sports your child is interested in participating in)
- Select “Participant”
 - Add a New Participant (or choose your child if you have already done this step)
 - Fill out all information fields and continue to the next step
- “Physical Form”
 - Blank copy of the physical form is available for you to print, if needed.
 - Remember every student athlete must have a current physical in order to begin tryouts/practice.
- “Legal Form”
 - Click to open and read each legal form. These forms are legal, binding documents. By clicking on the boxes you are agreeing and consenting to all information provided.
 - Please note, if the form has a parent/guardian AND a student check box then both boxes must be checked in order to proceed forward.
 - You do not need to turn in these forms as they are submitted electronically.
- “Summary”
 - At this time you will see what you have registered for. If you would like to contribute the VOLUNTARY \$95 to the Athletic Program, you may either pay by credit card or check.
 - If you would like to DECLINE the contribution, select the “Alternate Payment” (CODE) and type in “decline” in lowercase letters. Also add “decline” into the comment field.
- Click “Finish” to complete the online registration process. These forms are submitted electronically to the UMHS Athletic office.

2. GET A PHYSICAL for the student athlete from a medical doctor. (See blank physical form)

3. TURN IN THE PHYSICAL to the UM Front Office/Athletic Secretary.

- ❖ **GRADES AND FINES** will be checked by the athletic office prior to each season to complete eligibility requirements. Students & coaches will be notified when athletes are cleared.
- ❖ Any questions please contact the Athletic Secretary, Anne Kling at (530)621.4003 x4125 or akling@eduhsd.net



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Step 1 - Select an Activity

To begin the registration process, please select the activity you would like to enroll a participant in.

Seasonal Sports

- BASEBALL
- GOLF BOYS
- SOFTBALL
- SWIMMING
- TENNIS; CO-ED
- TRACK AND FIELD; CO-ED
- VOLLEYBALL BOYS

[Continue to Step 2](#) [Go back to Dashboard](#)

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Select sport



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Step 1 - Select an Activity

To begin the registration process

Seasonal Sports

- BASEBALL
- GOLF BOYS
- SOFTBALL
- SWIMMING
- TENNIS; CO-ED
- TRACK AND FIELD; CO-ED
- VOLLEYBALL BOYS

VOLLEYBALL BOYS

Hello prospective Diamondback Athlete. Registering is only part of the process to be eligible to try out for your chosen sport. We will also require an update physical (good for 1 year only) and a grade check as well.

This process will make you eligible to try out. Coaches will determine who makes the team. Good luck.

There is a \$95 donation you may pay at registration or if you choose to decline please write the code word "decline" (must be in all small letters) in the alternate payment box.

Cancel

[Proceed with registration](#)

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- 1 - Select Activity
- 2 - Select Participant
- 3 - Parent / Guardian Info
- 4 - Physical Form
- 5 - Legal Forms
- 6 - Summary

Step 2 - Select a Participant

Which participant would you like to enroll?

[+ Add A New Participant](#)



Continue to Step 3 [Go back to Select an Activity](#)

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- 1 - Select Activity
- 2 - Select Participant
- 3 - Parent / Guardian Info
- 4 - Physical Form
- 5 - Legal Forms
- 6 - Summary

Step - 3 Primary Parent / Guardian information

Please review Primary Parent / Guardian information.

Contact Info

* First name *Please be sure to use correct capitalization.*

* Last name *Please be sure to use correct capitalization.*

* Cell Phone *Cell phone numbers will not be shared.*

* Home Phone

Office/Work Phone Eg.: (555) 555-5555

Address










* Line1

Line2 Eg.: Apartment 1

* City

Step 5 - Legal Forms

These documents must be reviewed and accepted, click to open in a new window.

 Acknowledgem... ✓ Parent / Guardian ✓ Participant	 Athletic Handbo... ✓ Parent / Guardian	 Athletic Insurance ✓ Parent / Guardian	 Authorization fo... ✓ Parent / Guardian	 Concussion Info... ✓ Parent / Guardian ✓ Participant	 Release of Liabi... ✓ Parent / Guardian	 Social Media P... ✓ Parent / Guardian ✓ Participant
 Steroid Policy ✓ Parent / Guardian ✓ Participant	 Voluntary Contri... ✓ Parent / Guardian					

Please open and scroll to the bottom of each form. Some forms require both the parent/guardian as well as the participant acknowledgement. You do NOT need to print the forms off and return them. Please "check" the boxes to approve and acknowledge. Once all forms are approved and acknowledged, please continue to step six.




[Continue to Step 6](#)

[Back to Physical Form](#)

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History / Continue

Posters | Awards | Spirit Wear | View All Registrations | Reports | School Info | Communication



ENRICHING STUDENT EXPERIENCES
by Empowering Student Administrators

Online Registration | Scheduling | Fundraising | Apparel | Websites



Your School's Sports App!
DOWNLOAD NOW

1 - Select Activity2 - Select Participant3 - Parent / Guardian Info4 - Physical Form5 - Legal Forms6 - Summary

6 - Registration Summary



[Back to Legal Forms](#)

Erin Fechter		
VOLLEYBALL BOYS	\$95.00	Registration Total \$95.00
TOTAL DUE:	\$95.00	

Union Mine High School has set up this activity to request a donation on registration. Please finish registering by completing the donation form below.

Your registration will be marked as *pending* and will not be visible to Union Mine High School until you have finished.

Grab Your Checkbook:
Credit Card payments will be charged an additional service fee.




John Smith
1234 Main Street
New York, NY 12345

0001

DATE _____

[Add Another Registration](#)

[Alternate Payment \(CODE\)](#) 

[Cancel Registration](#)

The donation requested is completely VOLUNTARY. In no way does a donation influence the student's participation status on the team. If you would like to decline the voluntary donation, please select the Alternate Payment (CODE) box.

1 - Select Activity

2 - Select Participant

3 - Parent / Guardian Info

4 - Physical Form

5 - Legal Forms

6 - Summary

6 - Registration Summary

[Back to Legal Forms](#)

Erin Fechter

VOLLEYBALL BOYS

\$95.00

Registration Total \$95.00

TOTAL DUE:

\$95.00

Add Another Registration

CANCEL CODE (BACK TO PAY)

Union Mine High School has set up this activity to request a donation on registration. Please finish registering by completing the donation form below.

Your registration will be marked as *pending* and will not be visible to Union Mine High School until you have finished.

The word "decline" (lower case only) needs to be typed here.

Comment may be brief and simple. Please don't feel that you have to explain your reasons for declining. Once again, VOLUNTARY donation has no weight on team participation or status.

* Code
decline

Payment codes are case sensitive

Comment:

B I U  

decline

Enter a description of your situation in the comment field for faster approval!

Submit Request

[PLEASE PRINT]

EL DORADO UNION HIGH SCHOOL DISTRICT Sports Participation Health Record



— This form must be completed every academic year —

NAME	AGE	SEX (CIRCLE) <input type="checkbox"/> M <input type="checkbox"/> F	GRADUATION YEAR
ADDRESS	CITY	ZIP	PHONE

- | | | | | | | | |
|-------------------------------------|--|-----------------------------------|--|-----------------------------------|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming/Diving | <input type="checkbox"/> Track | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross-country | <input type="checkbox"/> Golf | <input type="checkbox"/> Skiing/
Snowboarding | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |

PART A HEALTH HISTORY

Yes	No	Question	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever had an illness or injury that: a. Required you to stay in the hospital, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	b. Lasted longer than a week, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	c. Is related to allergies, e.g., hay fever, hives, bee sting, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	d. Required an operation, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	e. Is chronic, e.g., asthma, diabetes, seizures*, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you take medications or pills, specify:	
<input type="checkbox"/>	<input type="checkbox"/>	3. Have any members of your family under age 50 had a heart attack or died unexpectedly, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been: a. Dizzy or passed out during or after exercise, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	b. Unconscious or had a concussion, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	5. Does running the 1/2-mile give you difficulty, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you wear glasses or contacts, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have dental bridges, plates, or braces, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever had a heart murmur, high blood pressure, or a heart abnormality, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have any allergies to medicines, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you missing a kidney, lung, eye, or testicle, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	11. Have you ever had severe arm or neck pain, <i>explain</i> :	
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you sprained, strained, dislocated, or broken any of the following: <input type="checkbox"/> Ankle <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Other, <i>explain</i> : <input type="checkbox"/> Back <input type="checkbox"/> Foot <input type="checkbox"/> Humerus <input type="checkbox"/> Pelvis <input type="checkbox"/> Chest/Ribs <input type="checkbox"/> Forearm <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Collarbone <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Wrist	

*A swim seizure form is required for swim activities

I, hereby, state the answers on form are correct to the best of my knowledge. I have also read and agree to the contents of the athletic handbook.

X _____

Signature of Student Athlete

Date

I agree with the health history and give my permission for an examination. I have also read and agree to the contents of the athletic handbook.

X _____

Signature of Parent / Guardian

Date

PART B PHYSICAL EXAMINATION RECORD (TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR)

Height (inches) _____ Blood Pressure _____ / _____ Vision (Right) _____

Weight (pounds) _____ Pulse _____ Vision (Left) _____

CORE EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a. Eyes			
b. Ears, Nose, Throat			
c. Mouth, Teeth			
d. Neck			
e. Cardiovascular			
f. Chest, Lungs			
g. Abdomen			
h. Skin			
i. Genitalia, Hernia			

ORTHOPEDIC EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a. Neck			
b. Spine			
c. Shoulders			
d. Arms, Elbows			
e. Forearms, Wrists, Hands			
f. Hips			
g. Knees, Legs			
h. Ankles, Feet			
i. Flexibility			
j. Neuromuscular			

Abnormalities found in the health history and/or physical examination that needs assessment:

RECOMMENDATIONS: Approved for full participation Needs to have the above abnormalities cleared before participation.

Disqualified or limited in the following sports:

X _____
Licensed Medical Doctor's Signature

Date: _____

Licensed Medical Doctor's Printed Name

Licensed Medical Doctor's Address