

# **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, 2017Cross Country - Co-EdGolf - GirlsFootball (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)

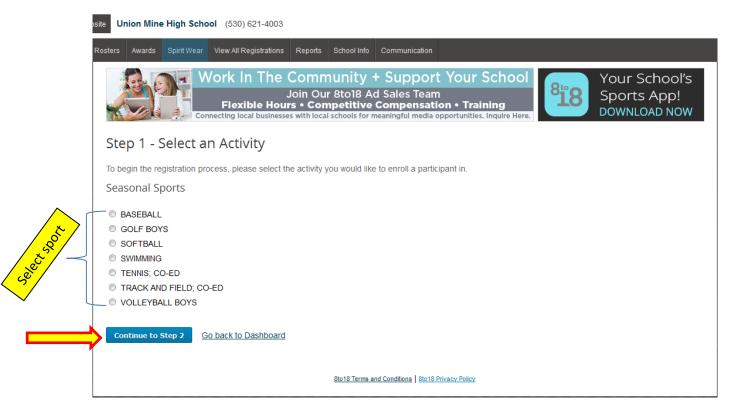
## <u>Spring</u>

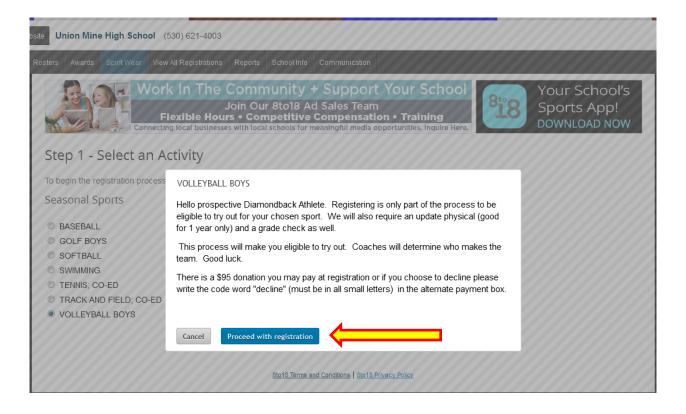
**February 5, 2017** Baseball (JV/V) Golf -*Boys* Softball (JV/V) Swimming - *Co-Ed* Tennis - *Co-Ed* Track & Field - *Co-Ed* Volleyball – *Boys* (JV/V)

## **1. REGISTER ONLINE**

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

- <u>https://unionmine.8to18.com</u> (no www.)
- o 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 <a href="mailto:akling@eduhsd.net">akling@eduhsd.net</a>





1 - Select Activity       2 - Select Participant       3 - Parent / Guardian Info       4 - Physical Form       5 - Legal Forms       6 - Summary						
Step 2 - Select a Particip	ant					
Which participant would you like to enroll?						
•						
+ Add A New Participant						
Continue to Step 3 Go back to Sele	ect an Activity					
8to18 Terms and Conditions 8to18 Privacy Policy						
1 - Select Activity 2 - Select Particip	3 - Parent / Guardian Info     4 - Physical Form     5 - Legal Forms     6 - Summary					
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#### Step 5 - Legal Forms

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

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4 - Physical Form

5 - Legal Forms 6 - Summary

Back to Legal Forms

## 6 - Registration Summary

#### Eri

Erin Fechter		
VOLLEYBALL BOYS	\$95.00	Registration Total \$95.00
TOTAL DUE:	\$95.00	Add Another Registration
Union Mine High School has set up this activity to request a donation on registration. Plea registering by completing the donation form below.	se finish	CANCEL CODE (BACK TO PAY)
Your registration will be marked as pending and will not be visible to Union Mine High Scho	ool until you	* Code
have finished.		decline
The word "decline" (lower case only) needs to be typed here.	,	Payment codes are case sensitive Comment:
		в I U 📰 🧠
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.		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 ev	ery acader	nic year —		•
NAME				AGE		F	GRADUATION YEAR
ADDRES	ŝS		СІТҮ		ZIP	PHONE	
Ва	seball		Cheerleading Social Lacrosse Soci	cer 🗌 S	wimming/Diving	т	rack
🗌 Ba	sketball		Cross-country Golf Skiing/ Soft Snowboarding	_	ennis	□ v	olleyball Wrestling
_			, j				
	Ma a	N.L.	PART A HEALTH HIS	STORY			
1.	Yes	No	Have you ever had an illness or injury that:				
1.			a. Required you to stay in the hospital, <i>explain:</i>				
			b. Lasted longer than a week, explain:				
			c. Is related to allergies, e.g., hay fever, hives, bee sting, <i>explain</i> :				
			d. Required an operation, <i>explain</i> :				
			e. Is chronic, e.g., asthma, diabetes, seizures*, explain:				
2.			Do you take medications or pills, specify:				
3.			Have any members of your family under age 50 had a heart attack or died unexpectedly, <i>explain</i> :				
4.			Have you ever been: a. Dizzy or passed out during or after exercise, <i>explain</i> :				
			b. Unconscious or had a concussion, <i>explain</i> :				
5.			Does running the 1/2-mile give you difficulty, <i>explain</i> :				
6.			Do you wear glasses or contacts, explain:				
7.			Do you have dental bridges, plates, or braces, explain:				
8.			Have you ever had a heart murmur, high blood pressure, or a heart abnormality, <i>explain</i> :				
9.			Do you have any allergies to medicines, explain:				
10.			Are you missing a kidney, lung, eye, or testicle, explain:				
11.			Have you ever had severe arm or neck pain, explain:				
12.			Have you sprained, strained, dislocated, or broken any of the fo	llowing:			
			Ankle Elbow Hip I	Neck [	Other, explai	in:	
			Back Foot Humerus F	Pelvis			
			Chest/Ribs Forearm Knee	Shoulder			
			Collarbone Hand Leg N	Wrist			
L							

\*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.

Х

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.

Х

Signature of Parent / Guardian

#### 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:

Х

Licensed Medical Doctor's Signature

Licensed Medical Doctor's Printed Name

Licensed Medical Doctor's Address

Date: \_\_\_\_\_