



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

[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	
1. <input type="checkbox"/>	<input type="checkbox"/>	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> :
2. <input type="checkbox"/>	<input type="checkbox"/>	Do you take medications or pills, specify:
3. <input type="checkbox"/>	<input type="checkbox"/>	Have any members of your family under age 50 had a heart attack or died unexpectedly, <i>explain</i> :
4. <input type="checkbox"/>	<input type="checkbox"/>	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> :
5. <input type="checkbox"/>	<input type="checkbox"/>	Does running the 1/2-mile give you difficulty, <i>explain</i> :
6. <input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses or contacts, <i>explain</i> :
7. <input type="checkbox"/>	<input type="checkbox"/>	Do you have dental bridges, plates, or braces, <i>explain</i> :
8. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a heart murmur, high blood pressure, or a heart abnormality, <i>explain</i> :
9. <input type="checkbox"/>	<input type="checkbox"/>	Do you have any allergies to medicines, <i>explain</i> :
10. <input type="checkbox"/>	<input type="checkbox"/>	Are you missing a kidney, lung, eye, or testicle, <i>explain</i> :
11. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever had severe arm or neck pain, <i>explain</i> :
12. <input type="checkbox"/>	<input type="checkbox"/>	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