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Greetings!

We are excited to announce that we are now offering the convenience of online registration through FamilyID (www.familyid.com). FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs.

INFORMATION NEEDED TO REGISTER:

It will be helpful to have the following information handy to allow for accurate completion of your online registration.

(example: Doctor information, Health Insurance Information, Student ID)

REGISTRATION PROCESS:

A parent/guardian should register by going to www.familyid.com and follow these steps:

1. To find your program, click on the link provided by the Organization above and select the registration form under the word *Programs*.
2. Next click on the green *Register Now* button and scroll, if necessary, to the *Sign Up/Log In* green buttons. If this is your first time using FamilyID, click *Sign Up*. Click *Log In*, if you already have a FamilyID account.
3. *Sign Up* for your secure FamilyID account by entering the account owner First and Last names (parent/guardian), E-mail address and password. Select the agreement to the FamilyID Terms of Service. Click *Sign Up*.
4. You will receive an email with a link to activate your new account. (If you don't see the email, check your E-mail filters (spam, junk, etc.).)
5. Click on the link in your activation E-mail, which will log you in to FamilyID.com
6. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer.
7. Click the *Save & Continue* button when your form is complete.
8. Review your registration summary.

(Include the following step if YOU ARE NOT collecting money via FamilyID)

No Payment Required or Alternate Payment Method (check, cash, non-FamilyID payment site)

9. Click the green *Submit* button. After selecting 'Submit', the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

SUPPORT:

- If you need assistance with registration, contact FamilyID at: 888-800-5583 x1 or support@familyid.com.
- FamilyID also offers online chat during business hours.
- Support is available 7 days per week and messages will be returned promptly.

KENILWORTH BOARD OF EDUCATION
KENILWORTH, NEW JERSEY 07033
EXHIBIT A

FILE CODE: 6145.1

PART I - STUDENT PARTICIPATION FORM FOR ATHLETES

NAME _____ DATE OF PHYSICAL _____

NAME OF SCHOOL ATTENDING _____

1st Period Teacher _____ Present Grade _____ Date _____

Address _____ Town _____ Zip _____

Home Tele # _____ Emergency Tele # _____ Date of Birth _____

Parent E-mail address _____

Parents: Please initial sports that your son/daughter will be participating in.

Available to HS only: Fall Cheerleading _____ Football _____ Soccer _____

Golf _____ Gymnastics _____ Swimming _____ Winter Track _____ Spring Track _____

Ice Hockey _____ Band _____ Winter Cheerleading _____ Basketball _____

Competition Cheerleading _____ Baseball _____ Softball _____ Wrestling _____

Available to MS: Basketball _____

I agree to live up to the rules of training, proper conduct, and responsible behavior as established in the Athletic Policy and by the coach. I am aware that the development of character is an important aspect, therefore I understand any use of or possession of drugs or alcohol, at any time during the course of the athletic season, whether in school or out of school or whether during the week or on weekends, will result in the following penalties:

- 1st Offense - 1 week suspension from athletics and a warning.
- 2nd Offense - Suspension from athletics for the remainder of that season.

I realize that it is my responsibility as a member of a team to be present for all practices and athletic contests, however, I may be excused from practices and athletic contests that occur on religious holidays. In addition, I will abide by all rules and regulations established by the New Jersey Interscholastic Athletic Association. I will be responsible for and will return all equipment issued to me or pay for that portion lost, stolen, or unduly damages.

I acknowledge having been fully informed of the physical hazards in the above-described athletic activity and the risks of physical injury that may occur through my participation in such athletic activity.

DATE _____

STUDENTS'
SIGNATURE _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ (/)	Pulse	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
		Vision R 20/	L 20/
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) [†]			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic [‡]			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[†]Consider GU exam if in private setting. Having third party present is recommended.
[‡]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____