

FINALFORMS™

PARENT REGISTRATION

HOW DO I SIGN UP?

1. Go to <https://riverside-wa.finalforms.com>
2. Click **NEW ACCOUNT** under the Parent Icon
3. Type your **NAME**, **DATE OF BIRTH** and **EMAIL**, then click **REGISTER**
4. Check your Email for a FinalForms Email, and click **CONFIRM YOUR ACCOUNT** in the email text



Parent



NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, check your spam folder. If you still do not see the FinalForms email, please email support@finalforms.com

FINALFORMS

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5. Create your new FinalForms password and click **CONFIRM ACCOUNT**
6. Click **REGISTER STUDENT** for your first child

REGISTERING A STUDENT

WHAT INFO WILL I NEED?

- Basic Medical History & Health Information
- Insurance Company & Policy Number
- Doctor & Dentist Contact Information
- Hospital Preference

HOW DO I REGISTER MY FIRST STUDENT?

*****IMPORTANT***** If you have followed the steps on the previous page, you may Jump to Step 3.

1. Go to <https://riverside-wa.finalforms.com>
2. Click **LOGIN** under the Parent Icon
3. Click **REGISTER STUDENT**



Parent



My Students

My Students

My Students

My Students

My Students

4. Type in **LEGAL NAME** and other basic information about the student.
 - a. Click **CREATE STUDENT**.
5. **If your student plans to participate in a sport, activity, or club** please click the checkbox for each.
 - a. Click **UPDATE** after making your selection
 - b. **NOTE: A selection can be changed any time until the registration deadline**
6. Complete each form and sign your full name (i.e. 'John Smith') into the Parent Signature field at the bottom of the page. After signing, click **SUBMIT FORM** and move on to the next form.
7. When all forms are complete, you will see a 'Forms Finished' message.
8. *****IMPORTANT***** if required, an email will automatically be sent to the email address that you provided for your Student prompting him/her to sign required Student forms

HOW DO I REGISTER ADDITIONAL STUDENTS?

Click **MY STUDENTS** and repeat steps 3 through 7 for additional Student.

HOW DO I UPDATE INFORMATION?

LOGIN at any time and click **UPDATE FORMS** to update information for any Student.

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	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
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 GI 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, 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 (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO