

Instructions for Registering Your Athlete

SportsNet Inc. provides secure online registration services for high school athletic programs. Below are instructions for creating a parent/guardian user account and registering one or more athletes at Frontier High School.

Creating an Account

1. Go to <https://sportsnethost.com/frontierhs-parent>
2. Click the **Create an Account** link near the bottom of the screen
3. Enter the required information and submit the form
4. Log in to the system with your email address and password
5. Follow the instructions inside the system

Before You Begin

Make sure you have the following prior to attempting to register your child:

- Your child's student identification number
- The exact spelling of your child's first and last name as it appears in official school records
- A scanned copy of your child's completed Pre-Participation Physical Exam on your computer (to be uploaded during registration)
- Your child's active health insurance coverage information, including the name of the provider and the policy ID

Registration Process

Be sure to carefully read the instructions on each screen and provide all required information. If you are unable to finish in a single session, the information you have already submitted will be saved and you can log back in at a later time to finish.

Important: The school will not receive your submission until you complete the entire process, ending with your final electronic signature on the last available screen. Be sure to **check your email for a confirmation message** after you have finished.

Support

- Please contact your child's school directly if you need specific information about your child's registration.
- For general assistance, please email our support team at support@sportsnetinc.com. Our first available representative will get back to you shortly.

PHYSICAL EXAMINATION FORM FOR STUDENTS

Name: _____ UID# _____

Grade: _____ School Site: _____ Birth Date: _____ Sex: _____

Father: _____ Mother: _____

Address: _____

Parent Consent: _____ **Date:** _____

Medical history to include: rheumatic fever, tuberculosis, epilepsy, allergies, operations, serious illnesses, congenital defects and menstrual disturbances

Has your son/daughter had a concussion? Yes No

If so, how many? _____ Date of Last concussion: _____

Immunization Recommendations: _____

Physical Examination	Check			Additional Remarks
	N	A	NE	
Normal, Abnormal, Not Examined				
General Weight & Nutrition				
General Appearance				
Skin (Acne, Tinea, Dermatitis)				
Eyes (Conjunctivae, Cornea, EOM)				
Ears (Perforations, Deafness)				
Nose (Allergy, Deformities)				
Teeth (Cavities, Gingivitis, Occlusion)				
Tonsils				
Lymph Nodes				
Chest (Deformities)				
Lungs				
Heart (Size, Murmur, Rhythm)				
Breast				
Abdomen				
Hernias				
Genitalia				
Back (Kyphosis, Lordosis, Scoliosis)				
Skelton (Limited Motion, Deformities)				
Feet (Flat, Pronated, Tinea)				

Blood Pressure: _____ Height: _____ Weight: _____

This student may participate in:

Competitive Sports Yes _____ No _____
 Regular Physical Education Yes _____ No _____
 Limited P.E. Only Yes _____ Duration _____

 Physician's Signature

 Date

 Type or print physician's name

 License Number

PHYSICALS FROM A CHIROPRACTOR ARE NOT VALID FOR ATHLETIC CLEARANCE

