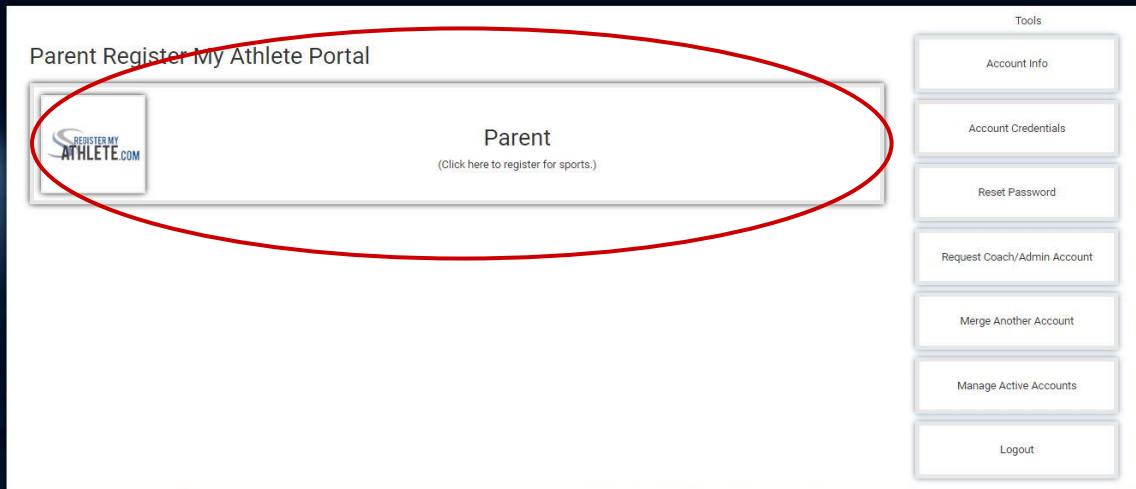


# **Entrenamiento para padres**

## **Registrar a mis usuarios deportistas**



Después de iniciar sesión, haga clic en el botón "Padre".



Haga clic en "Iniciar / completar registro"

The screenshot shows the 'Register My Athlete' web application. The interface includes a dark blue header with the 'REGISTER MY ATHLETE.COM' logo on the left and the 'SPORTSLINE SOFTWARE' logo on the right. Below the header, a 'Welcome Test!' message is displayed. On the left side, there is a vertical navigation menu with icons and labels: 'Accounts', 'Logout', 'Navigation', and 'Need Help?'. The main content area is divided into two sections. The left section, titled 'What would you like to do?', contains a list of options: 'Start/Complete Registrations' (highlighted with a red circle), 'Athlete Information', 'Store', 'Messages', and 'Transfers'. The right section, titled 'Announcements', features a table with columns 'School', 'Date', and 'Announcement'. The table currently displays the message 'You have no recent announcements.' and a 'View All' button is located in the top right corner of this section.

Accounts

Logout

Navigation

Need Help?

REGISTER MY ATHLETE.COM

Athlete Registration

Register My Athlete

SPORTSLINE SOFTWARE

Welcome Test!

What would you like to do?

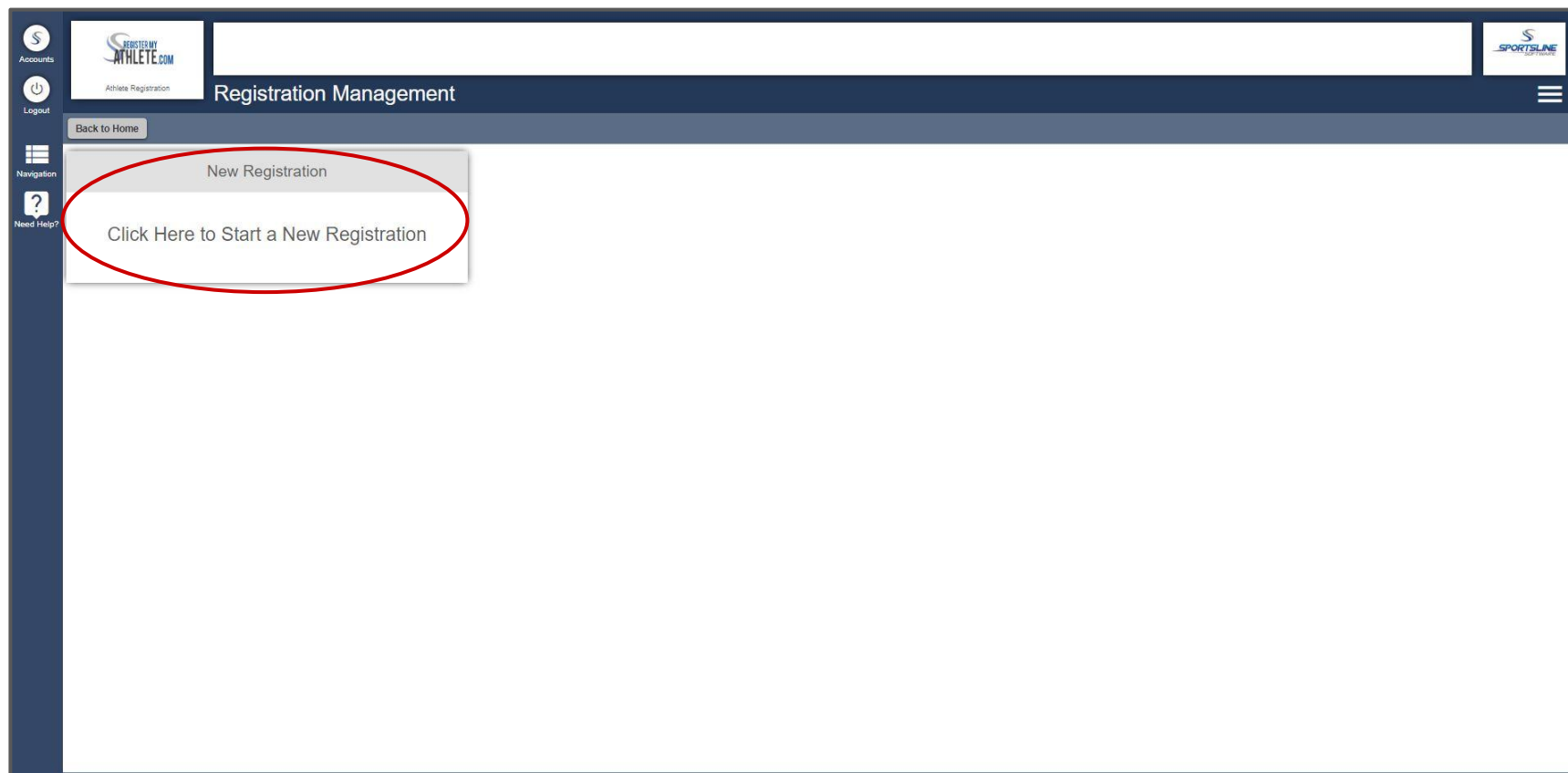
- Start/Complete Registrations
- Athlete Information
- Store
- Messages
- Transfers

Announcements

| School                            | Date | Announcement |
|-----------------------------------|------|--------------|
| You have no recent announcements. |      |              |

View All

Haga clic en "Haga clic aquí para comenzar un nuevo registro"



El primer paso para comenzar su registro es seleccionar la escuela de su atleta donde se registrarán para practicar deportes.

Accounts

Logout

Navigation

Need Help?

REGISTER MY ATHLETE.COM

Athlete Registration

Registration Checklist

SPORTSLINE

Back to Home

Go to Started Registrations

Registration Started

Athlete Information

Pre Registration

Special Offers

Registration Checklist

Click on each box to complete the required tasks

Help us find the requirements for your registration:

Select School

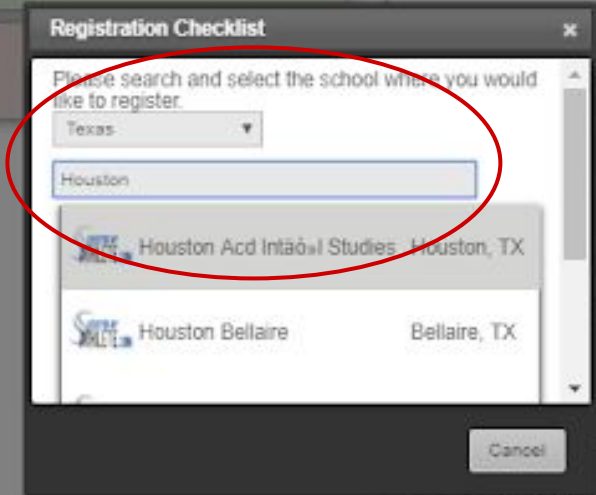
Registration Summary

|         |             |
|---------|-------------|
| Status  | Not Started |
| School  | -           |
| City    | -           |
| Athlete | -           |
| Grade   | -           |
| Year    | -           |
| Sport   | -           |

Key

|                                     |                  |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | Task is complete |
| <input type="checkbox"/>            | Task in progress |
| <input type="checkbox"/>            | Task to complete |

Selecciona tu estado. En la barra de búsqueda a continuación, comience a escribir el nombre de su escuela. Haga clic en la escuela correcta.



The image shows a 'Registration Checklist' dialog box overlaid on a background application window. The dialog box has a title bar with 'Registration Checklist' and a close button. Inside, it says 'Please search and select the school where you would like to register.' Below this is a dropdown menu currently showing 'Texas'. A red circle highlights the search area, which includes a text input field containing 'Houston' and a list of search results. The first result is 'Houston Acad Int'l Studies: Houston, TX' with a small icon to its left. The second result is 'Houston Bellaire' with 'Bellaire, TX' to its right, also with a small icon. At the bottom right of the dialog box is a 'Cancel' button. The background application window is partially visible, showing a table with columns 'Status' and 'School'. The 'Status' column has a value 'Not Started' in red. The 'School' column has values 'Houston Mickey Leland College P' and 'Houston, TX'. Below the table, there are checkboxes for 'Task in progress' and 'Task to complete'.

| Status      | School                          |
|-------------|---------------------------------|
| Not Started | Houston Mickey Leland College P |
|             | Houston, TX                     |

Cancel

☒ Task in progress

☐ Task to complete

El segundo paso para comenzar su registro es seleccionar el nombre de su atleta que se registrará para practicar deportes.

Accounts

Logout

Navigation

Need Help?

SEVENTH DAY ATHLETE.COM

Athlete Registration

Registration Checklist

SPORTSLINE

Back to Home

Go to Started Registrations

Registration Started

Athlete Information

Pre Registration

Special Offers

Registration Checklist

Click on each box to complete the required tasks

Help us find the requirements for your registration:

☒ Select School

☐ Select Athlete

Registration Summary

Status

Not Started

School

Houston Mickey Leland College Prep Acad

City

Houston, TX

Athlete

-

Grade

-

Year

-

Sport

-

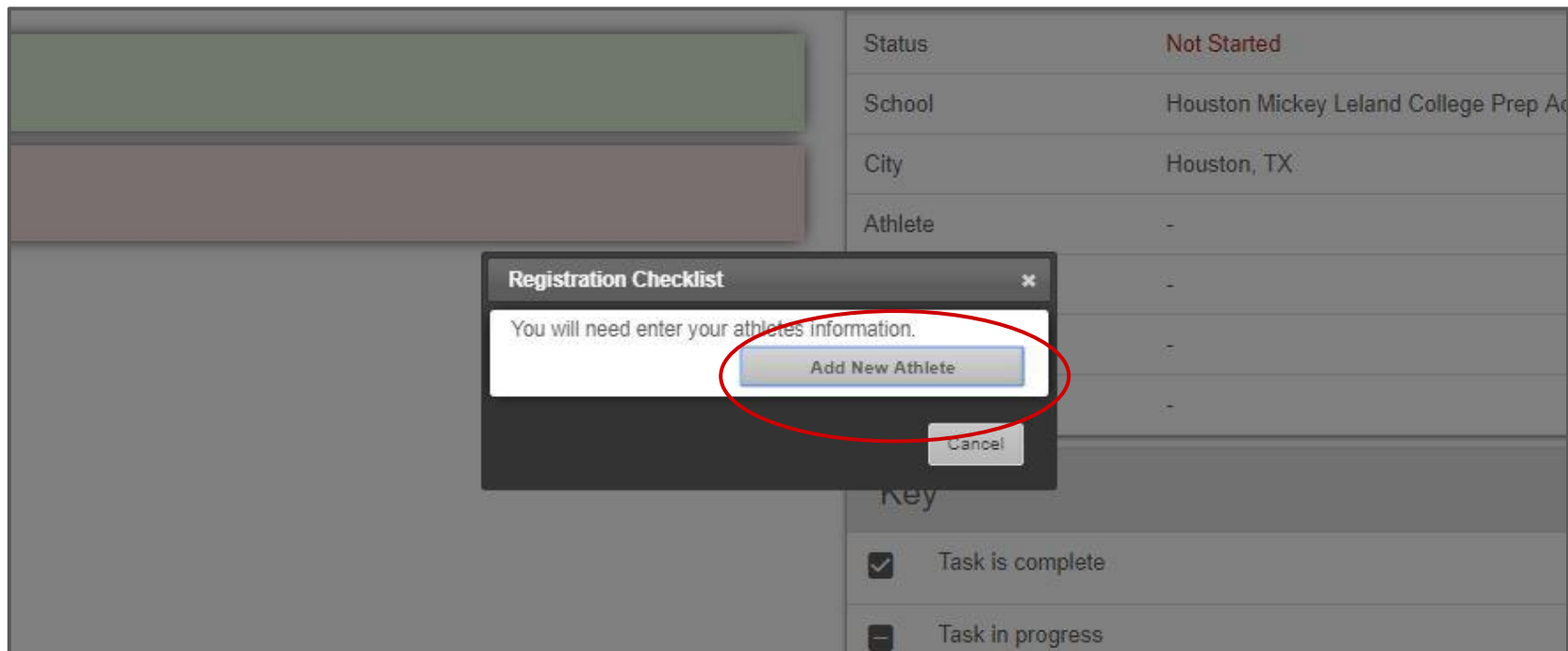
Key

☒ Task is complete

☐ Task in progress

☐ Task to complete

Si aún no ha creado su "Perfil de atleta", puede hacerlo haciendo clic en "Agregar nuevo atleta"; de lo contrario, haría clic en su nombre.



Complete toda la información requerida y haga clic en "Enviar"

|                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cell Phone                                                                                                                                                                     |
| <input type="text"/>                                                                                                                                                           |
| Receive communication via text messages?                                                                                                                                       |
| <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                  |
| Show phone on team contact list?                                                                                                                                               |
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                  |
| *Grade                                                                                                                                                                         |
| <input type="text" value="10"/>                                                                                                                                                |
| (For the 2019-2020 school year.)                                                                                                                                               |
| *Year of high school graduation                                                                                                                                                |
| <input type="text" value="2021"/> (YYYY)                                                                                                                                       |
| *Keep Information Current                                                                                                                                                      |
| <input checked="" type="checkbox"/> I understand I am responsible for keeping my athlete's information up-to-date. If any information changes I will update it within 2 weeks. |
| <input type="button" value="Submit"/>                                                                                                                                          |

El tercer paso para comenzar su registro es seleccionar el año académico y el deporte para el que se registrará.

Accounts

Logout

Navigation

Need Help?

REGISTER BY ATHLETE.COM

Houston Mickey Leland Colle...

New Athlete Added

Registration Checklist

Back to Home

Go to Started Registrations

Registration Started

Athlete Information

Pre Registration

Special Offers

Registration Checklist

Click on each box to complete the required tasks

Help us find the requirements for your registration:

☒ Select School

☒ Select Athlete

☐ Select Year/Sport

Registration Summary

|         |                                         |
|---------|-----------------------------------------|
| Status  | Not Started                             |
| School  | Houston Mickey Leland College Prep Acad |
| City    |                                         |
| Athlete | Test, Test                              |
| Grade   | 10                                      |
| Year    | -                                       |
| Sport   | -                                       |

Key

|                                     |                  |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | Task is complete |
| <input type="checkbox"/>            | Task in progress |
| <input type="checkbox"/>            | Task to complete |

Seleccione el año académico correcto, el deporte en el que se registrará y haga clic en "Enviar"

Se pueden registrar múltiples deportes a la vez.



Sport Selection

What academic year will you be registering for?

-Select- ▼

Select-  
2019-2020  
2020-2021

What academic year will you be registering for?  
2019-2020 ▼ (Grade: 10)

Please select the sport that you would like to register for during the selected academic year.

- ☒ Baseball
- ☐ Boys Basketball
- ☐ Boys Cross Country
- ☐ Boys Golf
- ☐ Boys Soccer
- ☐ Boys Swimming and Diving
- ☐ Boys Tennis
- ☐ Boys Track and Field
- ☐ Boys Wrestling
- ☐ Football 11 Man
- ☐ Football 6 Man
- ☐ Girls Basketball
- ☐ Girls Cross Country
- ☐ Girls Golf
- ☐ Girls Soccer
- ☐ Girls Softball
- ☐ Girls Swimming and Diving
- ☐ Girls Tennis
- ☐ Girls Track and Field
- ☐ Girls Volleyball
- ☐ Girls Wrestling
- ☐ Team Tennis

Submit

Verifique que haya seleccionado la información correcta y haga clic en "He seleccionado la información correcta". Esto comenzará su registro.

**Verifique que haya seleccionado la escuela y el deporte correctos. Después de este punto, no podrá cambiar sus selecciones anteriores.**



**Confirm Selection** ✕

|         |                                         |
|---------|-----------------------------------------|
| School  | Houston Mickey Leland College Prep Acad |
| City    | Houston, TX                             |
| Athlete | Test, Test                              |
| Grade   | 10                                      |
| Year    | 2019-2020                               |
| Sport   | Baseball                                |

Please verify that you have selected the correct school, athlete, and sport.

After this point, we will gather the requirements to complete this registration, and you will not be able to change these previous selections.

Después de comenzar su registro, continuará llevándolo a través de su "Lista de verificación de registro"  
Haga clic y complete todos los cuadros ROJOS.

Accounts

Logout

Navigation

Need Help?



Houston Heights HS

# Registration Checklist

Back to Home

Go to Started Registrations

☒ Registration Started

☐ Athlete Information

☐ Pre Registration

☐ Special Offers

☐ Registration Checklist



SPORTSLINE

Menu

Shopping Cart

Click on each box to complete the required tasks

Add/Update information about your athlete:

☐ Guardian Info

☐ Medical Info

Red means the task is incomplete.

## Registration Summary

|         |                                            |
|---------|--------------------------------------------|
| Status  | Not Complete                               |
| Actions | <a href="#">Print Registration Profile</a> |
| School  | Houston Heights HS                         |
| City    | Houston, TX                                |
| Athlete | Buck, Holly                                |
| Grade   | 11                                         |
| Year    | 2020-2021                                  |
| Sport   | Baseball                                   |

Key

☒ Task is complete

Mientras te registras puedes seguir tu progreso hacia la finalización. Su "Lista de verificación de registro" aparecerá, completa, en progreso o para completar.

|                                                             |                                                 |                                              |                                            |                                                    |
|-------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/><br>Registration Started | <input type="checkbox"/><br>Athlete Information | <input type="checkbox"/><br>Pre Registration | <input type="checkbox"/><br>Special Offers | <input type="checkbox"/><br>Registration Checklist |
|-------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------------------------------|----------------------------------------------------|

| Key                                 |                  |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | Task is complete |
| <input type="checkbox"/>            | Task in progress |
| <input type="checkbox"/>            | Task to complete |

Oportunidades adicionales les da a los atletas y a los padres la oportunidad de suscribirse a otros servicios. Si elige sí, será redirigido a otro sitio.  
Si no está interesado, seleccione no y haga clic en "Continuar"

Accounts

Logout

Navigation

Need Help?

Next College Student Athlete™

Houston Mickey Leland Colle...

SPORTSLINE

Back

These Additional Opportunities are for your information only and the companies listed are not affiliated with your school

Test wants to complete challenges and receive a FREE recruiting profile

☒ Yes ☐ No

Select the sport that Next wants to continue in college

- Select -

Next College Student Athlete (NCSA) is our official recruiting partner.  
NCSA will email a FREE recruiting profile that connects to over 35,000 college coaches.



Part of the Reigning Champs Team

Seleccione No si no está interesado.

Continue

Preguntas personalizadas le permite ingresar la información de su seguro.

Accounts

Logout

Navigation

Need Help?



Houston Heights HS

Registration Checklist

Back to Home

Go to Started Registrations

☒Registration Started

☒Athlete Information

☒Pre Registration

☐Registration Checklist

Click on each box to complete the required tasks

Registration Checklist.

☐Not CompleteCustom Questions1

☐Not CompleteCustom Forms6

☐Not CompletePhysical Documents4

Registration Summary

|         |                                            |
|---------|--------------------------------------------|
| Status  | Not Complete                               |
| Actions | <a href="#">Print Registration Profile</a> |
| School  | Houston Heights HS                         |
| City    | Houston, TX                                |
| Athlete | Buck, Holly                                |
| Grade   | 11                                         |
| Year    | 2020-2021                                  |
| Sport   | Baseball                                   |

Key

☒Task is complete

TODOS los atletas deben estar asegurados para participar en cualquier actividad deportiva.

Accounts

Logout

Navigation

Need Help?



Houston Heights HS

Registration Questions



Back to Checklist

☐ Custom Questions

☐ Custom Forms

☐ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

Insurance

Not Complete

All athletes must be insured to participate in any athletic activity. HISD offers Student Accident/Athletic Insurance at a reduced cost of \$35.00 per athlete, per school year. You must make one of three choices below regarding your athlete's insurance:

Steps

Status

Please respond to the following:

Not Complete

All athletes must be insured to participate in any athletic activity. HISD offers Student Accident/Athletic Insurance at a reduced cost of \$35.00 per athlete, per school year. You must make one of three choices below regarding your athlete's insurance:

☐ You already have insurance and want to waive HISD insurance. Fill out your insurance information below and E-Sign. Primary

Tendrás tres opciones para elegir.

Accounts

Logout

Navigation

Need Help?

Steps

Status

Not Complete

Please respond to the following:

All athletes must be insured to participate in any athletic activity. HISD offers Student Accident/Athletic Insurance at a reduced cost of \$35.00 per athlete, per school year. You must make one of three choices below regarding your athlete's insurance:

- ☐ You already have insurance and want to waive HISD insurance. Fill out your insurance information below and E-Sign. Primary Insurance must be current for the current school year. Submit a copy of your insurance card and a complete HISD Insurance waiver to the "Physical Documents" section of the registration checklist. (A download is available in the "Physical Documents" section)
- ☐ I would like HISD insurance to act as secondary coverage. Pay \$35 in person to the school. Complete your insurance information below and check "I would like HISD insurance to act as secondary coverage" and E-Sign.
- ☐ I will be using only HISD insurance and must pay \$35 in person to the school, and E-Sign.

Submit

(All changes are automatically saved.)

- ☒ I would like HISD insurance to act as secondary coverage. Pay \$35 in person to the school. Complete your insurance information below and check "I would like HISD insurance to act as secondary coverage" and E-Sign.
- ☐ I will be using only HISD insurance and must pay \$35 in person to the school, and E-Sign.

Insurance Holder's Name

---

Insurance Company

---

Insurance Group Number

---

Insurance Member Number

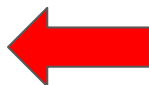
---

Insurance Policy Number

---

Insurance Holder's Employer

Tendrás tres opciones para elegir.



Quando haya elegido la opción que se aplica a usted, se abrirán más preguntas. Por favor complételos completamente.

**Si elige la opción 1**, deberá descargar, imprimir, completar y cargar la exención de seguro de HISD en la sección "Documentos físicos" de su lista de verificación de registro, así como una copia de su tarjeta de seguro. Haga clic aquí para obtener instrucciones sobre cómo hacerlo: (Página 39)

  
Accounts

  
Logout

  
Navigation

  
Need Help?

## Steps

Status

Please respond to the following:

Not Complete

All athletes must be insured to participate in any athletic activity. HISD offers Student Accident/Athletic Insurance at a reduced cost of \$35.00 per athlete, per school year. You must make one of three choices below regarding your athlete's insurance:

- ☒ You already have insurance and want to waive HISD insurance. Fill out your insurance information below and E-Sign. Primary Insurance must be current for the current school year. Submit a copy of your insurance card and a complete HISD Insurance waiver to the "Physical Documents" section of the registration checklist. (A download is available in the "Physical Documents" section)
- ☐ I would like HISD insurance to act as secondary coverage. Pay \$35 in person to the school. Complete your insurance information below and check "I would like HISD insurance to act as secondary coverage" and E-Sign.
- ☐ I will be using only HISD insurance and must pay \$35 in person to the school, and E-Sign.

Insurance Holder's Name

\_\_\_\_\_

Una vez que haya ingresado toda la información de su seguro y haya firmado electrónicamente, haga clic en "Enviar"

  
Accounts

  
Logout

  
Navigation

  
Need Help?

Insurance Member Number

Test

Insurance Policy Number

Test

Insurance Holder's Employer

Test

Insurance Holder's Phone Number

(111) 111-1111

Primary Hospital

Test

Please E-Sign

**Legal Guardian E-Sign**

Please E-Sign by typing your name exactly as it appears here: **Tech RMA**

Tech RMA

E-Sign

E-sign Success!

Submit

(All changes are automatically saved.)

Una vez que envíe su formulario de seguro, se entregará electrónicamente a la escuela y no podrá realizar cambios.  
Para confirmar, haga clic en "Enviar"

  
Accounts

  
Logout

  
Navigation

  
Need Help?

Insurance Member Number

Test

Insurance Policy Number

Test

Insurance Holder's Employer

Test

Insurance Holder's Phone Number

(111) 111-1111

Primary Hospital

Test

Please E-Sign

Legal Guardian E-Sign

Please E-Sign by typing your name exactly as it appears here: Tech RMA

Tech RMA

E-Sign

E-sign Success!

Submit

(All changes are automatically saved.)

Submit Confirm

Are you sure you want to submit this form? This will be like turning the form into your school. You will not be able to make any edits after this.

Submit

Cancel

Haga clic en "Siguiente paso" para pasar a la sección "Formularios personalizados".

Accounts

Logout

Navigation

Need Help?



Houston Heights HS

Registration Questions

Response Saved Successfully

Back to Checklist

☒ Custom Questions

☐ Custom Forms

☐ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

> Insurance

Complete

Back to Checklist

Previous

Next Step

Haga clic en "Siguiente paso" para pasar a la sección "Formularios personalizados".

Accounts

Logout

Navigation

Need Help?



Houston Heights HS

Registration Questions

Response Saved Successfully

Back to Checklist

☒ Custom Questions

☐ Custom Forms

☐ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

> Insurance

Complete

Back to Checklist

Previous

Next Step

Formularios personalizados le permite completar y completar electrónicamente los formularios escolares necesarios para el registro.

  
Accounts

  
Logout

  
Navigation

  
Need Help?

  
Houston Heights HS

# School Forms



[Back to Checklist](#)

☒ Custom Questions

☐ Custom Forms

☐ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

|                                                                                      |              |
|--------------------------------------------------------------------------------------|--------------|
| > Acknowledgement Of Rules                                                           | Not Complete |
| > Anabolic Steroid Use and Random Steroid Testing Agreement                          | Not Complete |
| > Concussion Acknowledgment Form                                                     | Not Complete |
| > Parent Approval for Participation In Athletics and Emergency Medical Authorization | Not Complete |
| > Student Media Consent and Release Form                                             | Not Complete |
| > Sudden Cardiac Arrest (SCA) Awareness Form                                         | Not Complete |

[Back to Checklist](#)[Previous](#)[Next Step](#)

Deberá completar y completar cada formulario individualmente.

Accounts

Logout

Navigation

Need Help?



Houston Heights HS

School Forms

SPORTSLINE SOFTWARE

Back to Checklist

☒ Custom Questions

☐ Custom Forms

☐ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

▼ Acknowledgement Of Rules

Not Complete

| Steps                                                                                                                                                                                                                                                                                                                                                                                                     | Action                                                                                                                         | Status                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Please                                                                                                                                                                                                                                                                                                                                                                                                    | <div>Puede abrir y cerrar cada formulario individualmente haciendo clic en la flecha gris a la izquierda del formulario.</div> | <div>El estado del formulario le indicará si está completo o no.</div> |
| ACKNOWLEDGEMENT OF RULES                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                        |
| <p>Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.</p> |                                                                                                                                |                                                                        |

Desplácese hasta completar toda la información requerida, firma electrónica y haga clic en "Enviar"

the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.

- did not change schools for athletic purposes.

**I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**

I have read the regulations cited above and agree to follow the rules.

Date

06/03/2020

Signature of student

**Student E-Sign**

Please E-Sign by typing your name exactly as it appears here: ~~Test Test Test~~

Test TestTest

E-Sign

Submit

Los formularios personalizados no se pueden enviar hasta que TODA la información requerida se haya completado por completo. Si tiene alguna pregunta sobre cómo responder a cualquiera de las preguntas en los formularios, comuníquese con su escuela.

  
Accounts

  
Logout

  
Navigation

  
Need Help?

test

Firms Phone Number (Father)

Firms Phone Number (Mother)

(111) 111-1111

NOTE TO THE COACH: You must have a completed form before the student may participate in or practice for any sport. File the original in the office of the school attended. You must file a copy every school year. A notarized copy or a copy signed by the parents in the presence of the principal must be filed for the first year of participation at the school the student attends. Thereafter, a parent approval signed by the parents or parent must be submitted before the student may participate.

Athletic Handbook

Section 6.0

5/2015

6.3

Submit

(All changes are automatically saved.)

home.registermyathlete.com says

Please respond to all questions before submitting. (Questions missing responses are marked in red.)

OK

Si falta información después de hacer clic en "Enviar", aparecerá este recordatorio

Después de completar TODA la información dentro del formulario, haga clic en "Enviar" en la parte inferior del formulario. Verifique que todo esté correcto y que esté listo para convertirlo en la escuela. Después de enviar sus formularios, no podrá ingresar y hacer cambios sin la aprobación de la escuela.

  
Logout

  
Navigation

  
Need Help?

Date  
06/03/2020

Student Signature  
**Student E-Sign**  
Please E-Sign by typing your name exactly as it appears here: **Test TestTest**  
Test TestTest  
E-sign Success!

Date  
06/03/2020

Student Name (Print)  
Test 2

Submit

(All changes are automatically saved.)

Submit Confirm

Are you sure you want to submit this form? This will be like turning the form into your school. You will not be able to make any edits after this.

Submit Cancel

Back to Checklist

Previous

Next Step

Recordatorio: las firmas electrónicas deben coincidir exactamente con lo que se muestra en el cuadro tanto para el padre como para el alumno.

Signature of student

**Student E-Sign**  
Please E-Sign by typing your name exactly as it appears here: **Test TestTest**

Test TestTest

E-Sign

Signature of student

**Student E-Sign**  
Please E-Sign by typing your name exactly as it appears here: **Test TestTest**

Test Testtest

E-Sign

Names Do Not Match

Submit

Signature of student

**Student E-Sign**  
Please E-Sign by typing your name exactly as it appears here: **Test TestTest**

Test TestTest

E-Sign

E-sign Success!

Submit

Una vez que todos los formularios estén completos, los formularios personalizados mostrarán "Verde / Completo" en la sección "Formularios personalizados" de su registro.

Accounts

Logout

Navigation

Need Help?



Houston Heights HS

## School Forms

Back to Checklist

☒ Custom Questions

☒ Custom Forms

☐ Final E-Signature

☐ Physical Documents

Response Saved Successfully

Please click on each section and complete each step.  
(All changes are automatically saved.)

|                                                                                      |          |
|--------------------------------------------------------------------------------------|----------|
| > Acknowledgement Of Rules                                                           | Complete |
| > Anabolic Steroid Use and Random Steroid Testing Agreement                          | Complete |
| > Concussion Acknowledgment Form                                                     | Complete |
| > Parent Approval for Participation In Athletics and Emergency Medical Authorization | Complete |
| > Student Media Consent and Release Form                                             | Complete |
| > Sudden Cardiac Arrest (SCA) Awareness Form                                         | Complete |

En la parte inferior de la página, haga clic en "Siguiente paso" para pasar a la sección "Firma electrónica final" del registro.

  
Accounts

  
Logout

  
Navigation

  
Need Help?

Back to Checklist

☒ Custom Questions

☒ Custom Forms

☐ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

|                                                                                      |          |
|--------------------------------------------------------------------------------------|----------|
| > Acknowledgement Of Rules                                                           | Complete |
| > Anabolic Steroid Use and Random Steroid Testing Agreement                          | Complete |
| > Concussion Acknowledgment Form                                                     | Complete |
| > Parent Approval for Participation In Athletics and Emergency Medical Authorization | Complete |
| > Student Media Consent and Release Form                                             | Complete |
| > Sudden Cardiac Arrest (SCA) Awareness Form                                         | Complete |

Back to Checklist

Previous

Next Step

Aquí completará dos firmas electrónicas finales que completarán su registro.

Please respond to the following:

Not Complete

Final E-sign Legal Guardian Agreement

- ☐ I am the parent or legal guardian of this athlete, and I fully accept and agree to the terms of participation as outlined in the registration documents and corresponding questions.

The parent/legal guardian will please e-sign to this agreement.

**Legal Guardian E-Sign**

Please E-Sign by typing your name exactly as it appears here: **Tech RMA**

Tech RMA

E-Sign

Final E-sign Student Agreement

- ☐ As an athlete, I fully accept and agree to the terms of participation as outlined in the registration documents.

The student will please e-sign to this agreement.

**Student E-Sign**

Please E-Sign by typing your name exactly as it appears here: **Holly Buck**

Holly Buck

E-Sign

Submit

Después de completar la firma electrónica de los padres y del atleta, haga clic en "Enviar"



| Steps                                                                                                                                                                                                                    | Action | Status                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------|
| Please respond to the following:                                                                                                                                                                                         |        | Not Complete                          |
| Final E-sign Legal Guardian Agreement                                                                                                                                                                                    |        |                                       |
| <input checked="" type="checkbox"/> I am the parent or legal guardian of this athlete, and I fully accept and agree to the terms of participation as outlined in the registration documents and corresponding questions. |        |                                       |
| The parent/legal guardian will please e-sign to this agreement.                                                                                                                                                          |        |                                       |
| <b>Legal Guardian E-Sign</b>                                                                                                                                                                                             |        |                                       |
| Please E-Sign by typing your name exactly as it appears here: <b>Tech RMA</b>                                                                                                                                            |        |                                       |
| <input type="text" value="Tech RMA"/>                                                                                                                                                                                    |        | <input type="button" value="E-Sign"/> |
| E-sign Success!                                                                                                                                                                                                          |        |                                       |
| Final E-sign Student Agreement                                                                                                                                                                                           |        |                                       |
| <input checked="" type="checkbox"/> As an athlete, I fully accept and agree to the terms of participation as outlined in the registration documents.                                                                     |        |                                       |
| The student will please e-sign to this agreement.                                                                                                                                                                        |        |                                       |
| <b>Student E-Sign</b>                                                                                                                                                                                                    |        |                                       |
| Please E-Sign by typing your name exactly as it appears here: <b>Holly Buck</b>                                                                                                                                          |        |                                       |
| <input type="text" value="Holly Buck"/>                                                                                                                                                                                  |        | <input type="button" value="E-Sign"/> |
| E-sign Success!                                                                                                                                                                                                          |        |                                       |
| <input type="button" value="Submit"/>                                                                                                                                                                                    |        |                                       |

Confirme que desea enviar el formulario y haga clic en "Enviar" nuevamente.

| Steps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Action | Status       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------|
| <p>Please respond to the following:</p> <p>Final E-sign Legal Guardian Agreement</p> <p><input checked="" type="checkbox"/> I am the parent or legal guardian of this athlete, and I fully accept and agree to the terms of participation as outlined in the registration documents and corresponding questions.</p> <p>The parent/legal guardian will please e-sign to this agreement.</p> <p><b>Legal Guardian E-Sign</b><br/>Please E-Sign by typing your name exactly as it appears here:</p> <p>Tech RMA</p> <p>E-sign Success!</p> <p>Final E-sign Student Agreement</p> <p><input checked="" type="checkbox"/> As an athlete, I fully accept and agree to the terms of participation as outlined in the registration documents.</p> <p>The student will please e-sign to this agreement.</p> <p><b>Student E-Sign</b><br/>Please E-Sign by typing your name exactly as it appears here: <b>Holly Buck</b></p> <p>Holly Buck</p> <p>E-sign Success!</p> <p>Submit</p> |        | Not Complete |

**Submit Confirm**

Are you sure you want to submit this form? This will be like turning the form into your school. You will not be able to make any edits after this.

Submit Cancel

En la parte inferior de la página, haga clic en "Siguiente paso" para pasar a la sección "Documentos físicos" del registro.

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Houston Heights HS

Final E-Signature

Response Saved Successfully

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☒ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

> Final E-Signature

Complete

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La sección de documentos físicos le permite cargar los formularios escolares requeridos. [Lea atentamente las siguientes diapositivas.](#)

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☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

|                             |              |
|-----------------------------|--------------|
| > Physical Evaluation Form  | Not Complete |
| > Medical Documentation     | Not Complete |
| > Athletic Insurance Waiver | Not Complete |
| > Insurance Card            | Not Complete |

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El formulario de Evaluación Física y los formularios de Documentación Médica son necesarios para CADA atleta y para completar un registro.

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# Physical Documents



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☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

|                             |              |
|-----------------------------|--------------|
| > Physical Evaluation Form  | Not Complete |
| > Medical Documentation     | Not Complete |
| > Athletic Insurance Waiver | Not Complete |
| > Insurance Card            | Not Complete |

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## Physical Documents



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Custom Questions



Custom Forms



Final E-Signature



Physical Documents

Please click on each section and complete each step.

(All changes are automatically saved.)



Puede abrir y cerrar cada requisito individualmente haciendo clic en la flecha gris a la izquierda del formulario.

Not Complete



Not Complete

> Athletic Insurance Waiver

Not Complete

> Insurance Card

Not Complete

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## Carga del formulario de evaluación física

Primero deberá "descargar" el formulario físico proporcionado por su escuela. Deberá llevar este formulario al médico, completarlo y luego subirlo a su registro de atletas.

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Physical Documents



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☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

Physical Evaluation Form

Not Complete

| Steps                                       | Action                               | Status       |
|---------------------------------------------|--------------------------------------|--------------|
| 1. Download/print this form                 | <a href="#">Download</a>             | Not Complete |
| 2. Complete and upload the form             | <a href="#">Upload Complete Form</a> | Not Complete |
| 3. School administrator verifies the upload | Wait for admin verification          | Not Complete |

(All changes are automatically saved.)

Medical Documentation

Not Complete

## Carga del formulario de evaluación física

Primero deberá "descargar" el formulario físico proporcionado por su escuela. Deberá llevar este formulario al médico, completarlo y luego subirlo a su registro de atletas.

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Physical Documents

SPORTSLINE SOFTWARE

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☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

Physical Evaluation Form

Not Complete

| Steps                                       | Action                          | Status       |
|---------------------------------------------|---------------------------------|--------------|
| 1. Download/print this form                 | <div>Download</div>             | Not Complete |
| 2. Complete and upload the form             | <div>Upload Complete Form</div> | Not Complete |
| 3. School administrator verifies the upload | Wait for admin verification     | Not Complete |

(All changes are automatically saved.)

Medical Documentation

Not Complete

## Carga del formulario de evaluación física

Al hacer clic en "Descargar" se abrirá el formulario físico. Aquí tiene la capacidad de guardar o imprimir.

The screenshot displays a web application interface for a physical evaluation form. The sidebar on the left contains navigation links: Accounts, Logout, and Need Help?. The main content area shows a Microsoft Word document titled "Microsoft Word - PrePhysForm15\_RQ.docx". The form is titled "PREPARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY" and includes fields for student information (Name, Address, Grade, School, Personal Physician, Phone) and a series of medical history questions. On the right side of the form, there are two red circular icons: a download icon and a print icon. Below these icons are two white buttons labeled "Save" and "Print". The bottom of the interface shows a "Medical Documentation" section with a "Not Complete" status.

**PREPARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY**

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_  
Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
In case of emergency, contact: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

|                                                                                                                                                                                                                                    |                              |                             |                                                                                                                                                                                                                                |                                  |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or physical?                                                                                                                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 13. Have you ever gotten unexpectedly short of breath with exercise?                                                                                                                                                           | Yes <input type="checkbox"/>     | No <input type="checkbox"/>        |
| 2. Have you been hospitalized overnight in the past year?                                                                                                                                                                          | <input type="checkbox"/>     | <input type="checkbox"/>    | Do you have asthma?                                                                                                                                                                                                            | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever had surgery?                                                                                                                                                                                                         | <input type="checkbox"/>     | <input type="checkbox"/>    | Do you have seasonal allergies that require medical treatment?                                                                                                                                                                 | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 3. Have you ever had prior testing for the heart ordered by a physician?                                                                                                                                                           | <input type="checkbox"/>     | <input type="checkbox"/>    | Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever passed out during or after exercise?                                                                                                                                                                                 | <input type="checkbox"/>     | <input type="checkbox"/>    | 15. Have you ever had a sprain, strain, or swelling after injury?                                                                                                                                                              | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever had chest pain during or after exercise?                                                                                                                                                                             | <input type="checkbox"/>     | <input type="checkbox"/>    | Have you broken or fractured any bones or dislocated any joints?                                                                                                                                                               | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Do you get tired more quickly than your friends do during exercise?                                                                                                                                                                | <input type="checkbox"/>     | <input type="checkbox"/>    | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| Have you ever had racing of your heart or skipped heartbeats?                                                                                                                                                                      | <input type="checkbox"/>     | <input type="checkbox"/>    | If yes, check appropriate box and explain below:                                                                                                                                                                               |                                  |                                    |
| Have you had high blood pressure or high cholesterol?                                                                                                                                                                              | <input type="checkbox"/>     | <input type="checkbox"/>    |                                                                                                                                                                                                                                |                                  |                                    |
| Have you ever been told you have a heart murmur?                                                                                                                                                                                   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> Head                                                                                                                                                                                                  | <input type="checkbox"/> Elbow   | <input type="checkbox"/> Hip       |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50?                                                                                                                              | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> Neck                                                                                                                                                                                                  | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh     |
| Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> Back                                                                                                                                                                                                  | <input type="checkbox"/> Wrist   | <input type="checkbox"/> Knee      |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?                                                                                                                           | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/> Chest                                                                                                                                                                                                 | <input type="checkbox"/> Hand    | <input type="checkbox"/> Shin/Calf |
|                                                                                                                                                                                                                                    |                              |                             | <input type="checkbox"/> Shoulder                                                                                                                                                                                              | <input type="checkbox"/> Finger  | <input type="checkbox"/> Ankle     |
|                                                                                                                                                                                                                                    |                              |                             | <input type="checkbox"/> Upper Arm                                                                                                                                                                                             | <input type="checkbox"/> Foot    |                                    |

## Carga del formulario de evaluación física

Una vez que su médico complete y complete su formulario físico, deberá cargarlo. Puede tomar una foto con su teléfono o escanearla. Los tipos de archivos permitidos son: jpeg, jpg, png o pdf.

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Physical Documents



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☒ Custom Questions

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☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

Physical Evaluation Form

In Progress

| Steps                                       | Action                               | Status       |
|---------------------------------------------|--------------------------------------|--------------|
| 1. Download/print this form                 | <a href="#">Download</a>             | Complete     |
| 2. Complete and upload the form             | <a href="#">Upload Complete Form</a> | Not Complete |
| 3. School administrator verifies the upload | Wait for admin verification          | Not Complete |

(All changes are automatically saved.)

> Medical Documentation

Not Complete

## Carga del formulario de evaluación física

Puede agregar más archivos haciendo clic en el botón "Agregar otro archivo" si sus fotos se tomaron individualmente en ambas páginas. O puede cargar un solo PDF con ambas páginas del formulario.

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# Upload: Physical Evaluation Form



Back

Select "Choose File" to upload a your document.

If you have multiple files to upload for this requirement, you can select "Add Another File".

The allowed file types are jpeg, jpg, png, or pdf.  
(Max file size 32 megabytes)

Choose File

No file chosen

Add Another File

Submit

## Carga del formulario de evaluación física

Haga clic en "Elegir archivo"

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# Upload: Physical Evaluation Form



Back

Select "Choose File" to upload a your document.  
If you have multiple files to upload for this requirement, you can select "Add Another File".

The allowed file types are jpeg, jpg, png, or pdf.  
(Max file size 32 megabytes)

Choose File

No file chosen

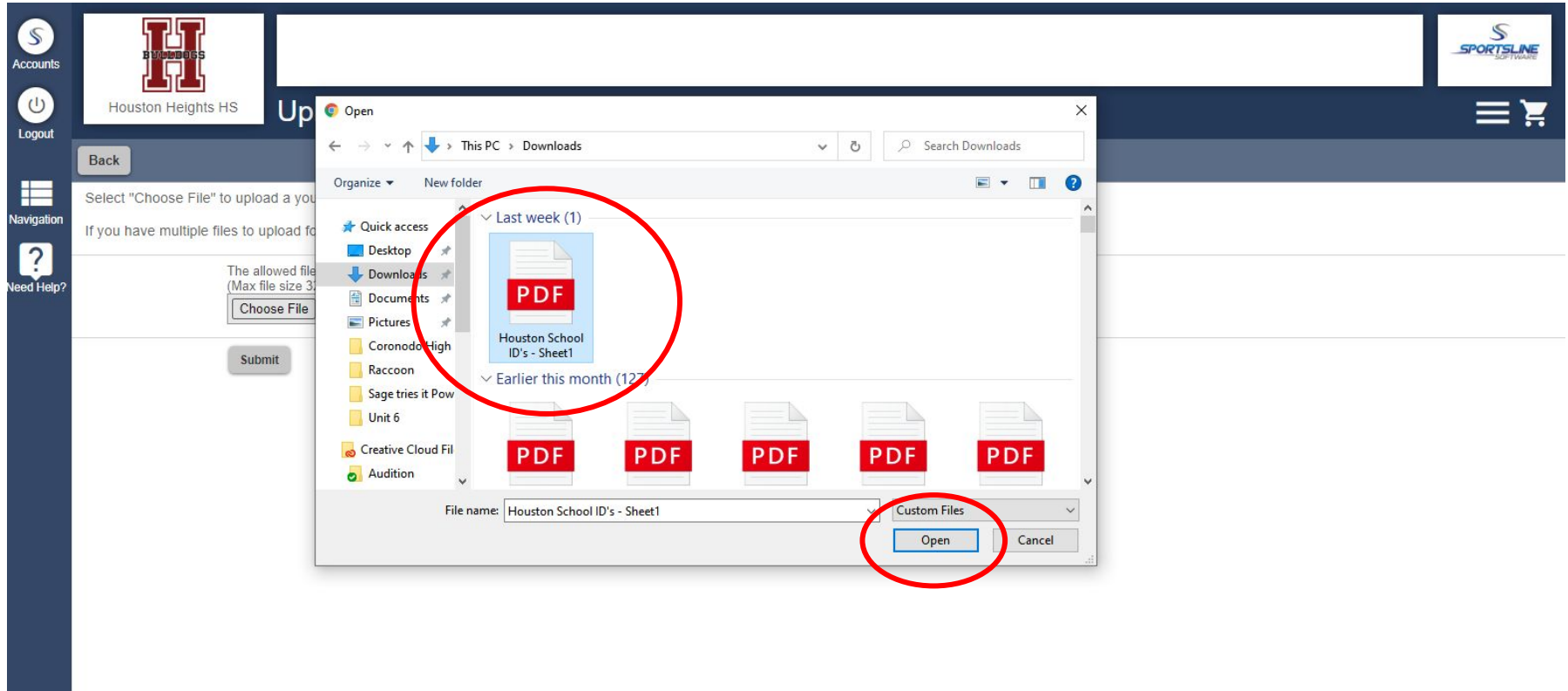
Add Another File

Submit

## Carga del formulario de evaluación física

Localice su archivo, haga clic en él, haga clic en "Abrir"

Aquí elegí cargar un PDF, pero se aceptan cualquiera de los siguientes tipos de archivos: jpeg, jpg, png, pdf.



# Carga del formulario de evaluación física

Haga clic en "Enviar"

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Houston Heights HS

## Upload: Physical Evaluation Form

Back

Select "Choose File" to upload a your document.

If you have multiple files to upload for this requirement, you can select "Add Another File".

The allowed file types are jpeg, jpg, png, or pdf.  
(Max file size 32 megabytes)

Choose File

Houston Sch... Sheet1.pdf

Add Another File

Submit





## Carga del formulario de evaluación física

Su formulario de evaluación física mostrará "Aprobación pendiente". Alguien en la escuela, en atletismo, revisará su carga y la aprobará o rechazará. Recibirá un correo electrónico cuando fue aprobado o rechazado. Una vez que se haya aprobado, mostrará "Completo" cambiando el estado de "En curso" para completar.

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File saved successfully

☒ Custom Questions

☒ Custom Forms

☒ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

Physical Evaluation Form

In Progress

| Uploaded Documents     | Status           | Dates                  |
|------------------------|------------------|------------------------|
| <div>View Upload</div> | Pending Approval | Upload Date: 15 Jul 20 |

| Steps                                       | Action                           | Status           |
|---------------------------------------------|----------------------------------|------------------|
| 1. Download/print this form                 | <div>Download</div>              | Complete         |
| 2. Complete and upload the form             | <div>Replace Uploaded Form</div> | Complete         |
| 3. School administrator verifies the upload | Wait for admin verification      | Pending Approval |

(All changes are automatically saved.)

## Carga de documentación médica

El proceso para completar la documentación médica es el mismo del formulario de evaluación física, además de que no hay un formulario para descargar. Deberá cargar aquí toda la documentación médica, incluidas las notas de los médicos, los resultados del ECG, etc.

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☒ Final E-Signature

☐ Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

> Physical Evaluation Form

In Progress

< Medical Documentation

Not Complete

Please upload any medical documentation here. (Doctors notes, EKG results etc.)

| Steps                                       | Action                      | Status       |
|---------------------------------------------|-----------------------------|--------------|
| 1. Upload the requested document            | <div>Upload Document</div>  | Not Complete |
| 2. School administrator verifies the upload | Wait for admin verification | Not Complete |

(All changes are automatically saved.)

> Athletic Insurance Waiver

Not Complete

> Insurance Card

Not Complete

## Carga de documentación médica

Su documentación médica también deberá ser aprobada por alguien en la escuela de atletismo.

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Need Help?

Custom Questions

Custom Forms

Final E-Signature

Physical Documentation

File saved successfully

Please click on each section and complete each step.  
(All changes are automatically saved.)

> Physical Evaluation Form

In Progress

> Medical Documentation

In Progress

Please upload any medical documentation here. (Doctors notes, EKG results etc.)

| Uploaded Documents     | Status           | Dates                  |
|------------------------|------------------|------------------------|
| <div>View Upload</div> | Pending Approval | Upload Date: 15 Jul 20 |

| Steps                                       | Action                           | Status           |
|---------------------------------------------|----------------------------------|------------------|
| 1. Upload the requested document            | <div>Replace Uploaded Form</div> | Complete         |
| 2. School administrator verifies the upload | Wait for admin verification      | Pending Approval |

(All changes are automatically saved.)

> Athletic Insurance Waiver

Not Complete

> Insurance Card

Not Complete

## Carga de exención de seguro deportivo

Si elige la opción uno al completar la información de su seguro, deberá descargar, completar y cargar la exención de seguro. El proceso es igual a la documentación física y médica. Descargue, cargue y espere la aprobación de la escuela. ¿Tiene preguntas sobre la opción 1 de la sección de seguros? [Haga clic aquí.](#)

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Need Help?

> Physical Evaluation Form

In Progress

> Medical Documentation

In Progress

> Athletic Insurance Waiver

Not Complete

This requirement is optional  
Not Required Before Tryouts

Cargue solo si elige la opción 1 al completar la información del seguro.

All athletes must be insured to participate in any athletic activity. If you chose option one in the insurance section: that you already have insurance and want to waive HISD insurance, please complete and upload the HISD insurance waiver.

| Steps                                       | Action                               | Status       |
|---------------------------------------------|--------------------------------------|--------------|
| 1. Download/print this form                 | <a href="#">Download</a>             | Not Complete |
| 2. Complete and upload the form             | <a href="#">Upload Complete Form</a> | Not Complete |
| 3. School administrator verifies the upload | Wait for admin verification          | Not Complete |

(All changes are automatically saved.)

> Insurance Card

Not Complete

## Carga de tarjeta de seguro

Si elige la opción uno al completar la información de su seguro, cargue una copia de su tarjeta de seguro. El proceso es igual que la documentación física, médica y la exención de seguro. Cargue y espere la aprobación de la escuela. ¿Tiene preguntas sobre la opción 1 de la sección de seguros?

[Haga clic aquí.](#)

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Need Help?

✓  
Custom Questions

✓  
Custom Forms

✓  
Final E-Signature

✖  
Physical Documents

Please click on each section and complete each step.

(All changes are automatically saved.)

> Physical Evaluation Form

In Progress

> Medical Documentation

In Progress

> Athletic Insurance Waiver

Not Complete

> Insurance Card

Not Complete

Cargue solo si elige la opción 1 al completar la información del seguro.

This requirement is optional

Not Required Before Tryouts

All athletes must be insured to participate in any athletic activity. If you chose option one in the insurance section: please upload your insurance card here:

| Steps                                       | Action                           | Status       |
|---------------------------------------------|----------------------------------|--------------|
| 1. Upload the requested document            | <button>Upload Document</button> | Not Complete |
| 2. School administrator verifies the upload | Wait for admin verification      | Not Complete |

(All changes are automatically saved.)

Después de completar todos los requisitos de documentos físicos que se aplican a usted, haga clic en "Siguiente paso"

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✓ Custom Questions

✓ Custom Forms

✓ Final E-Signature

Physical Documents

Please click on each section and complete each step.  
(All changes are automatically saved.)

> Physical Evaluation Form

In Progress

> Medical Documentation

In Progress

> Athletic Insurance Waiver

Not Complete

> Insurance Card

Not Complete

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Houston Heights HS

Registration Checklist

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Go to Started Registrations

Registration Started

Athlete Information

Pre Registration

Registration Checklist

Click on each box to complete the required tasks

Registration Checklist:

Complete Custom Questions

Complete Custom Forms

Complete Final E-Signature

Pending Physical Documents (Pending Approval) 4

Registration Summary

|         |                                            |
|---------|--------------------------------------------|
| Status  | Not Complete                               |
| Actions | <a href="#">Print Registration Profile</a> |
| School  | Houston Heights HS                         |
| City    | Houston, TX                                |
| Athlete | Buck, Holly                                |
| Grade   | 11                                         |
| Year    | 2020-2021                                  |
| Sport   | Baseball                                   |

Key

Task is complete

Recibirá un correo electrónico cuando sus documentos hayan sido aprobados.



Houston Heights HS

Dear Tech RMA,

We are writing to inform you that the requirements to register Holly for 2020-2021 Baseball have been completed.

Be aware, however, that it is still the responsibility of your school to verify compliance with all applicable eligibility rules for athletic participation. This email does not guarantee your athlete's ability to participate.

You can click [HERE](#) to login in to Register My Athlete and view this registration.

Thanks,

Register My Athlete

[Click here to login](#) [Unsubscribe](#)

This email was sent by Houston Heights HS via [Register My Athlete](#)

También recibirá un correo electrónico si su documento fue rechazado junto con una explicación de por qué. Luego, deberá ingresar y volver a cargar los cambios solicitados por el administrador de su escuela.



Houston Heights HS

Hello Tech RMA,

The document Medical Documentation, which was uploaded for Holly, was not accepted by one of your school administrators. You you will need to upload it again on your account for [www.registermyathlete.com](http://www.registermyathlete.com) and go to your registration for Holly.

The administrator left the following explanation:

Please re-upload, the image was blurry.

If you have any questions, please contact your school.

Thanks,

Register My Athlete

Después de que todos los documentos físicos hayan sido aprobados, el registro de su atleta mostrará "Completo"

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Need Help?

  
Athlete Registration

Registration Checklist

Back to Home

Go to Started Registrations

☒ Registration Started

☒ Athlete Information

☒ Pre Registration

☒ Registration Checklist

Click on each box to complete the required tasks

Registration Checklist:

☒ Complete Custom Questions

☒ Complete Custom Forms

☒ Complete Final E-Signature

☒ Complete Physical Documents 2

Registration Summary

Status

Complete

Actions

[Print Registration Profile](#) | [Print Certificate of Completion](#)

School

Houston Heights HS

City

Houston, TX

Athlete

Buck, Holly

Grade

11

Year

2020-2021

Sport

Baseball

Key

☒ Task is complete

# Preguntas?

<https://registermyathlete.com/login/login.support>

Use el enlace de arriba para enviar un ticket a nuestro equipo de atención al cliente.

