



Parents & Student Athletes

There are a variety of forms that must be completed before a student can participate in school athletics. Both the parent and the student must complete these forms.

The Garland ISD Athletic Department has transitioned to an online management system to streamline the process of completing and submitting the preparticipation paperwork.

Be sure to read all of the information on the instructions page to help minimize any delay of your son/daughter's participation in the athletic program. All forms must be completed and submitted and a hard copy of the medical history/physical examination form must be turned in to your school's Athletic Trainer or coach.

The online management system that is being used by Garland ISD is Rank One Sport. You will find a link on the Garland ISD website that will take you directly to the page to fill out your son/daughter's paperwork.

Instructions to Rank One Sports link and online pre-participation forms:

1. Go to: **Garlandisd.net**
2. Click on: **"Programs"**
3. Click on: **"Athletics and spirit groups"** in the list of departments and programs
4. Scroll down and click on: **"Athletic forms system"**
5. Please read the instructions
6. Click on: **"Electronic Participation Forms"**
7. Choose form and complete (all forms must be completed, seven in all). Make sure all information on each form is correct and filled in. Make sure the student's name and school ID# are correct at the top.

*****WHEN PUTTING YOUR NAME AT THE TOP OF THE FORMS, USE YOUR COMPLETE LAST NAME AND FIRST NAME!**

Other features that may be of interest to you on Rank One Sport:

You as a parent can use Rank One for the following:

- View your son/daughter's game schedule.
- View results of contest.
- Receive email or text alerts on schedule changes.
- Complete yearly forms in a timely fashion.

We hope that you find the Rank One Sports online management system beneficial in many ways.

Thanks
GISD Athletics

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)
brachial blood pressure while sitting

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It *must* be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.