## **BH Sports Informational Handout for Parents/Guardians**

\*Come learn more about the process for trying out for our 20 plus sports teams:

Aug. 7, 2024, Wednesday, from 7-7:30 p.m. in the BH Cafeteria

### **Prior to try-outs:**

- Register your athlete online at <a href="https://www.aktivate.com">https://www.aktivate.com</a> (formerly known as registermyathlete/RMA), before the deadlines below (instructions on the other side). You can start registering now for next school year!
- Pre-Participation Medical History form (to be completed by the parent/guardian and uploaded online at <a href="https://www.aktivate.com">https://www.aktivate.com</a> Please fill out the form today; forms are valid for one year.
- Athletic Medical Exam Screening form (to be completed by the examining physician and uploaded to website) Forms are available online: <a href="https://www.aktivate.com">https://www.aktivate.com</a> in BH Student Services office and on the BH Booster website: <a href="https://www.bretharteathletics.org">https://www.bretharteathletics.org</a> Please make your sport physical appointments now; they are valid for one year from the date the physician signs the form.

ATHLETES MUST BE COMPLETELY REGISTERED ONLINE BEFORE DEADLINES BELOW to MAKE it THROUGH the FIRST ROUND of CUTS!

<u>SPORT</u>	REGISTRATION DEADLINE			
Cross Country	August 19 @ 2p.m.			
Softball	August 26 @ 2p.m.			
Baseball / Cheer / Team Handball	September 3 @ 2p.m.			
Wrestling	September 23 @ 2p.m.			
Girls Basketball / Boys Soccer	October 7 @ 2p.m.			
Boys Basketball / Girls Soccer	December 9 @ 2p.m.			
Boys & Girls Volleyball/Tennis	February 10 @ 2p.m.			
Boys & Girls Water Polo	March 3 @ 2p.m.			
Golf/Track & Field	March 17 @ 2p.m.			
*Morning/AM Intramural Basketball	*Registration needed before participating			
**PM Handball (check w/ Mr. Schumake)	**Registration needed before participating			

#### **Bret Harte Booster Club**

Bret Harte is proud to have the greatest number of athletic sports teams, lunch and after school clubs available at any middle school in the area because of the BH Booster Club. In addition to funding an impressive 20 plus athletic teams and 15-20 plus extra-curricular clubs/activities, the Booster Club directly supports the Bret Harte Physical Education Department by providing equipment for all students to use. BH Booster Club programs provide academic, social and athletic benefits to all Bret Harte students. More than 600 students directly participate in a Bret Harte Booster Club sport or extra-curricular club/activity. The Booster Club has also combined support with ASB and the Community Club to pay for campus improvements, like school sound systems, the marquee sign, band instruments and more.

The BH Booster Club usually meets the second Wednesday of every month during the school year at 7p.m. in the Staff Dining Room. Our first meeting will be held August 14, 2024. **Everyone is welcome and encouraged to attend any and all of the meetings.** For more information about the BH Booster Club, please contact bhboosterpres@gmail.com







## **Registration for Parents**

☐ Go to www.aktivate.com
□ Click Login
□ Click Create an Account
(You only need ONE account, even if you have children in more than one high school and/or junior high; Do Not create another account if you have used Register My Athlete in the past)
☐ Fill in personal account information (This should be the Parent's personal information)
☐ You will be using the site as a Parent
□ Click Create Account
□ Lastly, input the account <b>Verification Code</b> that you'll receive via email to confirm your account <b>Please Note</b> : You will need to open another tab (do not close your current tab) and find the verification emain your email inbox (it may take a few minutes to appear, so be patient). You can copy and paste the code into the pop-up or directly type into it
After you have an account:
□ Login
☐ Under the Parents header, select "Click here to start/complete athlete registrations".
☐ Click Start/Complete a Registration (upper left hand corner of the page)
☐ Click <b>Start a New Registratio</b> n (this is where you will enter all of your Athlete's information) ☐ Follow the prompts to complete all requirements for your school's registration

If assistance is needed, click the orange button on the lower left side of the screen for live



List All Sports you are interested in trying out this year:

12		3			Office Use Only AP Form Rec'd by
Pre-Partic	cipation Medical His	story to be	completed	l by <u>PARE</u>	<u>ent</u>
Name:		Age:	_DOB	Grade	Student ID #
Address:	(	City:			Zip:
Parent/Guardian home phone	Father wo	ork #		Mother worl	k #
Parent/Guardian Email					
Doctor's Name			Phone #		
Doctor's Address					
YES OR NO – HAS THE STUD  1 Chronic or recurrer  2 Illness lasting over  3 Hospitalization?  4 Missing organs?  6 Allergies (medication)  7 Problems with hear  8 Chest pain/severe soon with the soon of the soon or loss or fainting.  10 Fainting, bad heada  11 Concussion or loss  12 Heat exhaustion, hear  problems with hear	ons, food)? t/blood pressure? hortness of breath g with exercise? uches or convulsions? of consciousness? eatstroke, or other ?	YES (13	OR NO – IS Injury Kne Kne Ank Othe Brok  NO – FURT Is th shou Has sudd Of ca Has	THERE AN ries requiring k or back injury? le injury? er serious join ten bones (from the HISTO ere any reasold not particiany family nenly at less that any family nay family na	Y HISTORY OF: g physical treatment? ury?  nt injury? actures)?  ORY: on why this student pate in sports?
YES OR NO – DOES THIS ST  23 Wear eyeglasses of  24 Wear dental bridge  25 Take any medication	<u>TDENT:</u> r contact lenses? es, braces, retainers of ons? Please list.	r plates?			
Date of last known tetanus shot:					
Use this space to explain any yes an					
Parent Signatureso:Revised 6.3.2016				<del></del> ;	

Student's Name	Gr.	Student ID #	
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# $\frac{ATHLETIC}{\text{Medical Exam Screening}}$ General Examination to be completed by the examining $\underline{PHYSICIAN}$

		Normal_	Abnormal (describe)		Pι	ılse		
Eyes, Ears, Nose, Throat:						Blood Pressure		
•	Skin:			_		eight		
					W	eight		
					Vi	isual Acuity R:		
						L:		
Suggeste	d Musculoskeletal Exa	m						
Neck				NL	AB	Describe Abnormal		
N	Motion/Strength		Knee Joint					
	Flexion		Effusion			- <u></u>		
F	Extension		Tenderness			- <u></u>		
F	Rotation		Quadriceps					
I	Lateral Flexion Right		Size			· <u>-</u>		
I	Lateral Flexion Left		Defects					
			Patella					
Shoulder	r		Tenderness					
N	MOTION/STRENGTH		Crepitus					
F	Forward Flexion							
A	Abduction		Subluxable					
F	Extension		Patellar Tendo			<del></del>		
I	nternal Rotation		Tibial Tubercle	e				
F	External Rotation		Ligaments			· <u>-</u>		
I	Horizontal Adduction		Medical Collateral					
5	STABILITY		Lateral Collateral			- <u></u>		
A	A/C JOINT		Anterior Cruciate					
Elbow			Posterior Cruciate			· <u>-</u>		
N	MOTIONS/STRENGT	Н	Cartilage Testing					
F	Biceps Flexion		Strength			· <u></u>		
7	Triceps Extension		Hip Flexors			- <u></u>		
5	Supination		Hamstrings			- <u></u>		
F	Pronation		-					
General	Flexibility		Ankle					
	ř		Motion/Strength					
I	Hamstrings		Plantar Flexion					
	Lumbar Spine		Dorsiflexion			-		
	Adductors		Inversion			-		
	Achilles		Eversion			-		
7	Wrist/Hand		Spine/Scoliosis			_		
	endations:		*					
	UNLIMITED PA	RTICIPATIO	N					
			er evaluation (comment be	elow)				
		1	heer/spirit components (cor		belov	w)		
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