

Athletic Registration User Guide for Parents

March 2016

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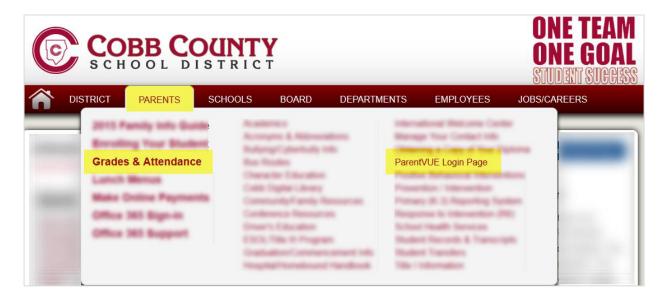
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Athletic Registration

Use the Athletic Registration to submit the required consent, insurance, and medical information for your student's athletic registration. Students must be in grades eight through twelve to register for athletics.

Accessing the Student Athletic Registration

To access the Athletic Registration Application, log into your ParentVUE account. Two links to the ParentVUE login are available from the Parents' menu on the Cobb County School District's home page (<u>www.cobbk12.org</u>). Mouse over Parents and click either Grades & Attendance or ParentVUE Login Page.



If you do not have a ParentVUE account or are unable to access your account after attempting to use the *Forgot Password* link, please contact the ParentVUE coordinator at your local school.

A list of ParentVUE coordinators can be found on the ParentVUE login screen.

Login
User Name:
Password:
Login
Forget your password? Click here.
For support, or a list of ParentVUE coordinators, click here.

After logging into ParentVUE, select the student who needs a registration. Then, click the Athletic Registration link in the Navigation menu.

Home My Accou	unt
Select Child ▶	and a summer
Navigation	Recent Events
Messages	
Calendar	
Attendance	
Class Schedule	A
Grade Book	
School Information	
Student Info	
Athletic Registration	

Completing the Athletic Registration

Click the link, Athletic Registration that will display in the main window of ParentVUE.

	Allatoona High School (770-975-6503)
Athleti	cRegistration

The CCSD Athletic Registration Application will open. Click the Student Registration link located in the upper right corner of the screen.



To begin the registration process, click the button + Start New Registration.

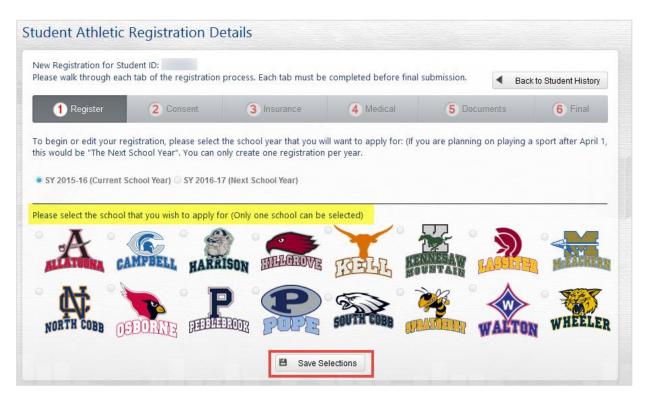


Registration Tab

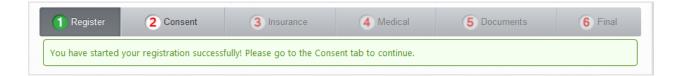
Select the desired school year, for the registration, by clicking the radial button next to the year.

ase walk through each ta	nt ID: b of the registration	process. Each tab must be	e completed before final	submission.	Back	to Student Histor
1 Register	2 Consent	3 Insurance	4 Medical	5 Docur	nents	6 Final

After selecting the year, an icon and name for each high school will display. Select the school that you wish to apply the registration by clicking the radial button next to the school name and icon. Only one school can be selected. Click the Save Selection button after making the selections.



A successful message will display and step 1 will turn green, indicating the Register tab is complete.



Saving a Registration before Completion

After completing the Register tab, if you need to leave the Athletic Registration prior to the completion, click the Back to Student History button.

The system will save the completed steps and you can continue where you left off when you return to the application later. To continue an Athletic Registration already in progress, follow the steps above to open the Athletic Registration Application. Then, click the edit pencil for the registration that is In Progress.

	Student ID: Student Name: School: Family Phone:		Birthdate: Age as of Sept. Homeroom Tea Gender: Female	cher:		
sted I			ory for this student.	ne registration is allowed per	school year.	+ Start New Registration
	ie row to ed	it or the button to				-
	REG.#	SCHOOLYEAR	SCHOOL APPLIED	REG. START DATE	SUBMITTED DATE	STATUS

Consent Tab

The Consent tab consists of seven areas that the parent/guardian is required to read and agree to, individually for each area. Click the Read button to open the details for a consent area.

	ber: 147 Started: 3/3/2016 F gh each tab of the registration			bl: Allatoona High Schoo al submission.	Year: 2016 Back to Stude	ent Histor
1 Register	2 Consent	3 Insurance	4 Medical	5 Documents	6	Final
Registration Co	onsent: Please read and acce	ept each consent item. Or	nce completed, you must e	Sign this step to continue		
	CONSENT TITLE:				STATUS:	CLEAR
Read	ACKNOWLEDGEMENT OF	RISK			Incomplete	×
Read	INSURANCE COVERAGE				Incomplete	×
Read	PHYSICAL EVALUATION A	ND MEDICAL TREATMENT			Incomplete	×
Read	REVIEW OF ATHLETIC HA	NDBOOK (including Board	Policy IDF-R Athletic Code o	f Conduct)	Incomplete	×
Read	STUDENT/PARENT CONC	USSION AWARENESS			Incomplete	×
Read	TRANSPORTATION AND T	RAVEL			Incomplete	×
Read	WAIVER				Incomplete	×

Read the details that display for the consent area. Then, click the box to agree.

Consent Details Information		÷	Ó	-	
Status: Incomplete	You Must Agree		×	Clos	se
ACKNOWLEDGEMENT OF RISK					

The details window will automatically close when the agreement box is checked, and the Accepted status will display on the screen for that consent area.

Registration Consent: Please read and a	ccept each consent item. Once completed, you must eSign this step to continue.		
	CONSENT TITLE:	STATUS:	CLEAR
Read Agreed 03/03/16 09:59	ACKNOWLEDGEMENT OF RISK	Accepted	×

Continue through the list of consent areas. Read and accept each area individually.

When all consent areas are in the accepted status, the electronic signature area will display on the screen.

Click the box to add a check mark indicating you are the legal guardian and you accept and agree to the terms listed. Then, type your **ParentVUE login** in the field provided.

Click the e-Sign button, which only becomes available after entering the ParentVUE login.

gistration	Consent: Pl	ease read and a	accept each consent item. Once	completed, you must eS	ign this step to continue.		
			CONSENT TITLE:			STATUS:	CLEAR
Read	Agreed	03/03/16 09:59	ACKNOWLEDGEMENT OF RISK	(Accepted	×
Read	Agreed	03/03/16 10:43	INSURANCE COVERAGE			Accepted	×
Read	Agreed	03/03/16 10:43	PHYSICAL EVALUATION AND M	EDICAL TREATMENT		Accepted	×
Read	Agreed	03/03/16 10:46	REVIEW OF ATHLETIC HANDBO Conduct)	OOK (including Board Polic	y IDF-R Athletic Code of	Accepted	×
Read	Agreed	03/03/16 10:48	STUDENT/PARENT CONCUSSI	ON AWARENESS		Accepted	×
Read	Agreed	03/03/16 10:49	TRANSPORTATION AND TRAVE	L		Accepted	×
Read	Agreed	03/03/16 10:52	WAIVER			Accepted	×
hletics, spo refully revi accurate, a I am the lo cuments.	orts teams/c ewed and a and underst	lubs and events gree to all term and that any fal- n of this athlete	this, Parent/Guardian and Stud for Cobb County School Distri- ns of athletic participation, inclu- se information may result in Stu- or 18 years old, and I fully accep	ct of the below-indicated ding the voluntary waiver ident's ineligibility for ath	Student. You acknowledge , verify that all information o letic participation.	that you ha contained h	ave Ierein
	-	match your Par					

A successful message will display and step 2 will turn green indicating the Consent tab is complete.

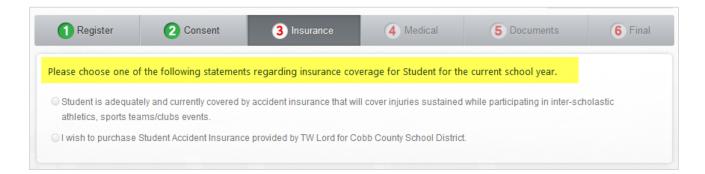
Be sure to click the button to Print Consent Awareness and keep a copy for your records.

Note: Upon completion of the registration, you will have the opportunity to print the entire Athletic Registration from the Final tab.



Insurance Tab

On the Insurance tab, the parent/guardian should choose the appropriate radial button to indicate if the student currently has adequate accident insurance or wishes to purchase accident insurance from the vendor provided through the Cobb County School District.



If the student currently has insurance, complete all the required fields, providing information about the student's policy. Then, click the Save Insurance Policy button.

NOTE: If your insurance changes at a	any time, it is your respon	sibility to notify your athletic director.	
Insurance Company: * Required!	[Company Name]	Company Phone Number: * Required!	()
Holder's First Name: * Required!	[First Name]	Holder's Last Name: * Required!	[Last Name]
Policy Number: * Required!	[Policy Number]		
Save Insurance Policy			

If the parent/guardian selects the option to purchase insurance from the vendor provided by CCSD, the contact information for the insurance company will display.

I wish to	irchase Student Accident Insurance provided by TW Lord for Cobb County School District.	
	now your responsibility to purchase the Student Accident Insurance by contacting TW Lord and Associates 7-2461, Toll-free: 800-633-2360	

After completing the required fields for the student's insurance policy, or if the option to purchase a policy is selected, step 3 will turn green indicating that the Insurance tab is complete.



Medical Tab

There are two forms on the Medical tab, a History Form and a Supplemental History Form. The parent/guardian should click the View buttons to complete each form separately.

Note: A blank physical form, required for the student's medical exam, will be available to print after completing the History and Supplemental History Forms and after e-signing the Medical Tab.

1 Register	2 Consent	3 Insurance	4 Medical	5 Documents	6 Final					
Please view and fill out the forms below and e-Sign. A blank physical form, required for the exam, will be available to print after completing the Health and Supplemental History Forms and after e-signing the Medical Tab. The exam form must be signed by an M.D., D.O., or by a Physician's Assistant, or an Advanced Practice Nurse who has been delegated that task by an M.D., or D.O.										
	DOCUMENT			COMPLETE						
View	History Form									
View	Supplemental H	History Form								

While completing either form, if you need to save and return later, scroll to the bottom of the screen. Click the Save and Continue button.

Save and Continue

Follow the steps, listed earlier in this document, to open an Athletic Registration that is In Progress.

Upon returning to the form, all questions left unanswered will display in red font.

	3. Have you ever spent the night in a hospital?	○ Yes	© No
	4. Have you ever had surgery?	○ Yes	[⊙] No
~	HEART HEALTH QUESTIONS ABOUT YOU		
	5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	○ Yes	© No

After both forms are complete, the parent/guardian will see the electronic signature option on the screen.

Click the box to add a check mark acknowledging the information is correct. Then, type your **ParentVUE login** in the field provided.

Click the e-Sign button, which only becomes available after entering the ParentVUE login.

1 Register	2 Consent	Insurance	4 Medical	5 Documents	6 Final
	e forms below and eSigr been delegated that task	-	ed by an M.D., D.O., or	by a Physician's Assistant, or	an Advance
	DOCUMENT			COMPLETE	
View	History Form				
View	Supplemental His	story Form		×	
CTRONIC SIGNATUR By e-signing this, Pare I correct.		ereby state that, to the bes	st of my knowledge my	answers to the above question	ns are complet
ype your ParentVue logir	n to e-sign] match your ParentVUE loo	e-Sign			

After e-signing, a successful message will display and step 4 will turn green indicating that the Medical tab is complete.

IMPORTANT: Please print all forms, including the blank Physical Form that will be available after esigning the Medical tab. **Take the blank Physical Form to the student's physical exam.** It must be signed by an M.D., D.O., or by a Physician's Assistant, or an Advanced Practice Nurse who has been delegated that task by an M.D., or D.O.

1 Register	2 Consent	3 Insurance	4 Medical	5 Docu	iments	6 Final
	leted the Medical tab successf n to the Documents tab.	ully! Print the forms listed	below and take wit	n you for the Studen	t Physical. O	nce the physical is
lealth and Supple	ll out the forms below and e-S emental History Forms and afte dvanced Practice Nurse who ha	er e-signing the Medical Ta	ab. The exam form	must be signed by a		
	DOCUMENT	0	MPLETE			
View	History Form	3		Print Completed F	orm	
View	Supplemental History Form	5		Print Completed F	orm	
	Physical Form	5		Print Blank Form		
LECTRONIC SIG	NATURE:					
By e-signing thi nd correct.	is, Parent/Guardian and Student	hereby state that, to the be	est of my knowledge	my answers to the a	above questio	ons are complete
		e-Sign				

Documents Tab

Please click the Upload A Document button to add the <u>completed and signed</u> Physician's Physical Form to the Athletic Registration.

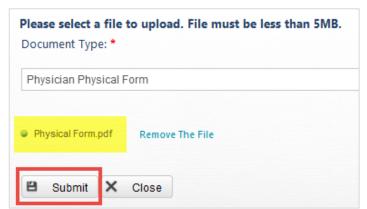
						Final
Document Manager Click on the File Name to view	document.					
VIEW ATTACHMENT TITLE	DOWNLO	AD FILE (CLICK FILE NAME)	EXPIRE DAT	E MODIFIED BY	DATE	DELETE
No documents to display.						

When the Document Manager Window displays, click the Select Your File button to navigate to your file's location.

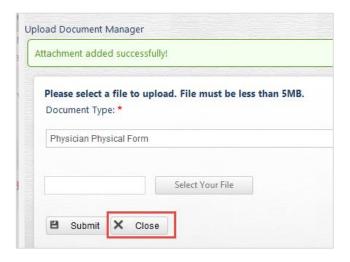
ad Document Manager	
Please select a file to uplo	oad. File must be less than 5MB.
Document Type: *	
Physician Physical Form	
	Select Your File
😫 Submit 🗙 Close	

After uploading the physical form, click the Submit button.

Note: If the Close button is clicked before the Submit button, the Document Manager Window will close <u>without</u> uploading the file.



When the Submit button is clicked, a successful message will display. Click the Close button to return to the Documents tab.



Step 5 will turn green indicating that the Documents tab is complete.

1 Register	2 Consent	3 Insurance	4 Medical	5 Documents	6 Fi	inal
ocument Manager					_	
Click on the File Nam	e to view document.					
VIEW	ATTACHMENT TITLE	DOWNLOAD FILE (CLICK	FILE NAME)	EXPIRE DATE MODIFIED BY	DATE	DELETE
Download	Physician Physical Form	Physical Form.pdf			03/04/2016	×
		Upload A D	ocument			

Final Tab

On the Final tab, the parent/guardian can print the entire, complete application.

Click the Submit My Application when all requirements are complete. Once you click the Submit My Application button, you will NOT be able to modify your application.

You will be able to print the complete application at any time, even after the application is submitted and awaiting approval or after approval.

1 Register	2 Consent	3 Insurance	4 Medical	5 Documents	6 Final					
You have completed all the requirements of the Athletic Application Registration process. The final step will be to submit your application. Once you click the Submit My Application button, you WILL NOT be able to modify your application. You will have to contact the Athletic Director at the school that you applied to, and have them unlock your application.										
	🖺 Subn	nit My Application 🛛 🖨 🛛 Pri	int Complete Application							

After submitting the application, a successful message will display and step 6 will turn green indicating that the Final tab is complete. The Athletic Director will review the application.

1 Register	2 Consent	(3) Insurance	4 Medical	5 Documents	6 Final
nce you click the Sub		on, you WILL NOT be abl	e to modify your applica	o will be to submit your app tion. You will have to conta	
		,			
Your application was s	ubmitted successfully! Th	e Athletic Director will now			

After Application is Submitted

After submitting the Athletic Registration Application, if you return to the system, the status displays as Submitted Waiting Outcome.

Listed below is the Registration History for this student. Click the row to edit or the button to start new registration. Only one registration is allowed per school year.									
EDIT	REG.#	SCHOOLYEAR	SCHOOL APPLIED	REG. START DATE	SUBMITTED DATE	STATUS			
1	147	2016	Allatoona High School	03/03/2016	03/04/2016	Submitte	ed Waiting Outcome		

If the Athletic Director returns the application to the parent/guardian for more information, the status displays as Needs More Information.

Click the Edit pencil to open the registration and look for a message from the Athletic Director.

		he Registration F edit or the butto	 Start New F 	Registration			
EDIT	REG.#	SCHOOLYEAR	SCHOOL APPLIED	REG. START DATE	SUBMITTED DATE	STATUS	
1	147	2016	Allatoona High School	03/03/2016		Needs More Information	

A message from the Athletic Director will display on the main screen.

Important Message: Please upload a new physical form that has been fully completed. Thank you										
1 Register	2 Consent	3 Insurance	4 Medical	5 Documents	6 Final					

When the Athletic Director approves and clears the application, the status displays as cleared.

sted below is the Registration History for this student. lick the row to edit or the button to start new registration. Only one registration is allowed per school year.						+ Start New Registration	
EDIT	REG.#	SCHOOLYEAR	SCHOOL APPLIED	REG. START DATE	SUBMITTED DATE	STATUS	
1	147	2016	Allatoona High School	03/03/2016	03/04/2016	Cleared	