

The screenshot shows the Eastern Christian School website's registration page. At the top is the school logo and navigation menu. Below is a banner image of a track. The main content area is titled 'Parents, Complete \ Physical Form' and includes instructions for registration. A red arrow points to the 'Physical Form here' link in the 'Step 1' instructions. Below the instructions are contact details for school nurses at Eastern Christian High School and Eastern Christian Middle School. At the bottom, there are two 'REGISTER NOW' buttons for high school and middle school, with red arrows pointing to them from the 'STEP 2' instruction below.

Eastern Christian School

Home Registration Schedules

Homepage

**Parents, Complete \ Physical Form**

A valid physical exam must be dated less than 12 months before the registration date.

Please read and follow these steps carefully to be properly registered.

IMPORTANT: You are only registered once **ALL** steps are completed.

**Step 1:** Athletes must have a current sports qualifying physical exam on file in the Nurses' Office. Physicals are good for 1 year from the date of your last physical. You can get the blank Pre-Participation Physical Evaluation (PPE) **Physical Form here**.

If the athlete previously participated in a Fall/Winter/Spring sport and has a current physical on file in the Nurses' Office (the physical date must be within one year of the start date for that sport) you **DO NOT** need a new physical. Please print and submit this **Health History Update Form** instead.

Fall Sports Start Date: August 10, 2016

Once the **Physical Form** or **Health History Update Form** is completed, you must turn it into the school nurse.

ATTENTION SCHOOL NURSE:

Eastern Christian High School  
50 Oakwood Avenue  
North Haledon, NJ 07508  
hsnurse@easternchristian.org

Eastern Christian Middle School  
518 Sicomac Avenue  
Wyckoff, NJ 07481  
lauragorter@easternchristian.org

**REGISTER NOW** - FOR HIGH SCHOOL

**REGISTER NOW** - FOR MIDDLE SCHOOL

**Step 2:** Have you previously used this site to register a student?  
Click **Family Account Login**. Use the username and password you created during your first registration.  
Once logged in, you may click on the 'Register' dropdown and register an existing student or add a new student in your account.

*STEP 1: Click to download Medical Forms*

*STEP 2: Click to register for sports*

Step 1: Print medical forms, bring to your family doctor to complete

- Signed original hard copy goes to the nurse's office.
- There is also an option in the registration process to upload a scanned copy to keep for your records.

Print all 4 pages and bring completed hard copy to the nurse



**ATTENTION PARENT/GUARDIAN:** The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

## PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

*(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep copy of this form in the chart.)*

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines

Pollens

Food

Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
			39. Have you ever been unable to move your arms or legs after being hit or falling?		
			40. Have you ever become ill while exercising in the heat?		
			41. Do you get frequent muscle cramps when exercising?		
			42. Do you or someone in your family have sickle cell trait or disease?		
			43. Have you had any problems with your eyes or vision?		



## Eastern Christian Athletic Calendar

April 2016

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## Quicklinks

[Eastern Christian Athletics](#)

[NJSIAA](#)

[Family Account Login](#)

## Athletic Registration - High School

*Fill out the entire form and submit by clicking **Next** at the bottom of the form*

### SCHOLASTIC STUDENT-ATHLETE

Prior to participation on a school-sponsored athletic activity, all students must present a completed pre-participation physical evaluation (PPE) form to the school nurse. Important information regarding the PPE is provided below, and you should feel free to share with your child's medical home health care provider.

1. The PPE may ONLY be completed by a licensed physician, advanced practice nurse (APN) or physician assistant (PA) that has completed the Student-Athlete Cardiac Assessment professional development module. It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a PPE. Please make sure your doctor, APN, or PA is in the state of New Jersey and has completed the cardiac assessment and signed that part of the form.
2. The required PPE must be conducted within 365 days prior to the first official practice in an athletic season. The PPE form is available in English and Spanish [HERE](#). The PPE form can also be found on EC's website under "Athletics" and "Forms".
3. The PPE form is located on page one of the PPE form.
4. The parent/guardian must complete The Athlete with Special Needs: Supplemental History Form (page two), if applicable, for a student with a disability that limits major life activities, and insert the date of the required physical examination on the top of the page.
5. The licensed physician, APN or PA who performs the physical examination must complete the remaining two pages of the PPE, and insert the date of the examination on the Physical Examination Form (page three) and Clearance Form (page four).
6. If a student's PPE was completed more than 90 days prior to the first day of official practice in an athletic season an updated Health History Update Questionnaire (HHQ) is required. The HHQ form must be completed and signed by the student's parent/guardian. The HHQ can be found [HERE](#). The HHQ must be reviewed by the school nurse.

For more information, please review the [Frequently Asked Questions](#) which are available [HERE](#).

You may also direct questions to:

Diane DeRooy RN, school nurse at Eastern Christian High School, at 973-427-0900

OR

Laura Gorter RN, school nurse at Eastern Christian Middle School, at 201-891-3663

### Student Information

Student ID:

First Name: \*

Last Name: \*

Gender: \*

Download and print the (PPE) Pre-Participation Physical Evaluation Form (to be completed by a physician) [HERE](#).

**Optional: Submit completed PPE in the file upload portion of the PHYSICAL DATE section below.**

Completed Pre-Participation Physical Evaluation (PPE) must be turned in / mailed to your school office,

ATTENTION SCHOOL NURSE:

### Physical Date

#### File Upload:

Choose File No file chosen

Upload

*This is the section you may upload a scanned copy of the physical for your records... but you must hand in the original signed by the doctor to the nurse's office*

*There are many check boxes throughout the form. Please click each one under each section*

### SIGN-OFF/CONSENT FORM

#### Eastern Christian Athletic Code of Ethics: \*

I, the parent, along with my son/daughter whose signature appears below acknowledge that I have read and understand all information as stated on the GENERAL CODE OF CONDUCT

#### CONCUSSION AND HEAD INJURY FACT SHEET AND PARENT/GUARDIAN ACKNOWLEDGMENT FORM:

I, the parent, along with my son/daughter whose signature appears below acknowledge that I have read and understand all information as stated on the Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

By typing my full name in the box below, I am signing this Agreement electronically. I agree my my manual signature on this Agreement. I declare my understanding and concurrence with the to be legally bound by this Agreement's terms and conditions.

**Student-Athlete's Electronic Signature: \***

**Parent-Guardian's Electronic Signature: \***

Next >>

*This is the final section - please type the signatures and click Next*

Once you click Next, you need to create your family account before your form is submitted.

The screenshot shows the 'AR Checkout Page' with a navigation bar at the top containing 'Home', 'Registration', and 'Schedules'. On the left, there is a sidebar with 'Eastern Christian Athletic Calendar' (showing April 2016) and 'Quicklinks' for 'Eastern Christian Athletics', 'NJSIAA', and 'Family Account Login'. The main content area is titled 'SET UP YOUR FAMILY ACCOUNT LOGIN' and includes a note: 'By logging in first on future registrations, all forms will be PRE-FILLED for your convenience, but allow you to make changes if needed.' Below this are three main sections: 1. 'Username \*' and 'Password \*' fields, both highlighted with a red box and a red arrow pointing to a red octagon with the number '1'. 2. 'Activities:' section showing 'Softball HS' and 'No Fee'. 3. 'CAPTCHA' section with a math question '2 + 8 =' and an input field, highlighted with a red box and a red arrow pointing to a red octagon with the number '2'. At the bottom, there are '<< Previous' and 'Submit' buttons, with a red arrow pointing to a red octagon with the number '3'.

Fill out to save and access information. You can add siblings and have access each year and each season.

The screenshot shows the 'Eastern Christian School' website. The header includes the school logo and name, and a navigation bar with 'Home', 'Registration', and 'Schedules'. The main content area shows a confirmation message: 'Athletic Registration - High School' and 'Thank you. We have received your submitted form. Go back to the form'. This message is circled in red. To the right of the message is the text 'Confirmation message'. Below the message, there is a red arrow pointing to the text 'Click Manage AR to go to your Family Account and view your registration history'. At the bottom, there is a navigation bar with 'My Account', 'Manage AR', and 'Logout', with 'Manage AR' circled in red. The footer includes 'Powered by rSchoolToday Activity Registration'.

## Family Account

Eastern Christian School

Family Account

Logout Account Setting Show Inactive Records

Parent Parent

Registration History

Register - 1

Fee Rate : Regular Pay

#	Date	Activity	Student	Gr	Reg. Form	Physical	Status
0037-0416	04/12/2016	Softball HS	Bianca Lopez	9	view 2	Add 3	

Payment History

Date	Item	Recp't	Status
There is no refund data available.			

1 – Click [Register](#) link to register existing or new student under your family account

2 - View submitted registration form

3 – You can ADD/VIEW physical forms anytime

Once you have completed the first online registration form and created an account you can log back in at any time from the main page <https://easternchristian-ar.schooltoday.com/>

Quicklinks

- Eastern Christian Athletics
- NJSIAA
- Family Account Login

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North Haledon, NJ 07508  
hsnurse@easternchristian.org

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**Step 2: Have you previously used this site to register a student?**

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Login

