



We offer the convenience of online sports' registration through Family ID (www.familyid.com). Family ID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through Family ID, the system keeps track of your information in your Family ID profile. **You enter your information only once for each family member for multiple uses and multiple programs.**

BEFORE YOU REGISTER:

It will be helpful to have the following information handy to allow for accurate completion of your online registration.

- (example: Doctor information, Health Insurance Information, **Student ID number which you can get from your child's student ID card**)

REGISTRATION PROCESS:

Follow these steps:

1. Please put in www.familyid.com in your browser. If this is your first time using FamilyID, click Create Account. Click Log In, if you already have a FamilyID account.
2. **Create** your secure FamilyID account by entering the account owner First and Last names (parent/guardian), E-mail address and password. Select **I Agree to the FamilyID Terms of Service**. Click **Create Account**.
3. You will receive an email with a link to activate your new account. (If you do not see the email, check your E-mail filters (spam, junk, etc.).)
4. Click on the link in your activation E-mail, which will log you in to FamilyID.com
5. In the "I want to register for a program at" box please put in Hewlett-Woodmere. Scroll down and click on "Hewlett-Woodmere PE, Health & Athletics". You will see the link for either HHS or WMS Athletics.
6. Click on the program, click on the blue "Register Now" button, and scroll. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer. If you have created a registration already for the participant you are registering then select the participant and most of the fields will populate with the information entered from the previous registration.
7. Please **DO NOT CREATE A NEW ACCOUNT** if you run into any problems. Contact Family ID to retrieve passwords. Creating a new account for previous registrants will lose any information entered by the school i.e., physical dates, impact dates, and approvals. If you need assistance with registration, contact Family ID at 888-800-5583 x1 or support@familyid.com. Family ID also offers online chat during business hours. Support is available 7 days per week and messages will be returned promptly.
8. Click the **Continue** button when your form is complete.
9. If all questions are answered properly and there are no fields in red, **you must hit the submit button to submit the registration.**

10. Review your registration summary. **Please make sure the registration summary says submitted.**

A completed registration is not approval to participate. All registrations MUST be reviewed and approved by the health office.

Families can view their approval status by:

1. Log in to your FamilyID account.
2. On the blue bar at the top of the page, click **Registrations**.
3. Next to your registration, click **Summary**.
4. If an approval status has been added to the program, it will appear at the very bottom of the summary.

REGISTRATION STATUS : CORRECTION REQUIRED		PAYMENT STATUS : NONE	
Participant	Jason Mamoia		
Account owner email	msimpson@familyid.com		
Registration date	10/15/2020 09:53am		
Organization	FamilyID-Arbiter Sports High School		
Program	FamilyID- Arbiter High School Fall Athletic Registration		
Sections	Football	August 01, 2020 to November 30, 2020	\$0.00
	Total		\$200.00
	Amount paid		\$0.00
	Balance Due		\$200.00
Memo from FamilyID-Arbiter Sports High School			
Approval Status	Approved		
Links			

Follow these steps to upload your document(s)/or make a change on a submitted registration when the registration is closed:

1. Make sure you have a digital copy of the document available. (either a scanned copy or photo saved to your computer)
2. Log in to your FamilyID account.
3. On the blue bar at the top of the page, click Registrations. You can also click View or Update my Registrations on Dashboard.
4. Click the Add or Update Info link below the Summary button to the right of your registration.
5. This will take you to the form. You can find the blue CHOOSE FILE button under the INSERT LOCATION HERE area, and then upload your file or photo. (Please note that if there are file names for the expired copies of your documents already appearing here, you should first click the 'x' to the right of each file name to delete the old copies before uploading new ones.)
6. Press Save at the bottom to save your upload and notify the school.

If you would like to upload more than one file, follow these instructions:

If using a MAC: Hold down the 'Command' key and select the documents.

If using a PC: Hold down the 'Control' key and select the documents.

Varies on mobile devices.

APPENDIX

Sample NYS School Health Examination Form (As of January 31, 2021, physical examinations for school are to be documented on the NYS Required Health Examination Form (see below):

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL DIRECTOR

THIS AREA IS NOT TO BE FILLED OUT

Notes: Student's physical exam and vision screening are required for all students in grades 5-12. Annual vision screening is required for all students in grades 5-12. Annual vision screening is required for all students in grades 5-12. Annual vision screening is required for all students in grades 5-12.

Committee on Physical Education (CPE) - 16 NYCRR § 100.12

Name: _____ Sex: M F Other _____ DOB: _____

School: _____ Grade: _____

HEALTH HISTORY

Allergies: No Yes Indicate type: _____
 Medication/Treatment Other Allergies: _____
 Anaphylaxis Care Plan Attached

Autism: No Yes Indicate type: _____
 Informal Formal Other: _____
 Medication/Treatment Other Attached: _____
 Autism Care Plan Attached

Seizures: No Yes Indicate type: _____
 Medication/Treatment Other Attached: _____
 Seizure Care Plan Attached

Diabetes: No Yes Indicate type: _____
 Medication/Treatment Other Attached: _____
 Diabetes Medical Management Plan Attached

Other Medical Conditions: _____
 Medication/Treatment Other Attached: _____

Immunizations: No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: _____ **Weight:** _____ **BP:** _____

Cardiovascular: Normal Abnormal Indicate type: _____

Respiratory: Normal Abnormal Indicate type: _____

ENT: Normal Abnormal Indicate type: _____

Neurological: Normal Abnormal Indicate type: _____

Musculoskeletal: Normal Abnormal Indicate type: _____

Other: _____

Assessment/Recommendation: _____

ICD-10 Code: _____

*Additional information not to be filled out by receiving provider

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Name: _____ DOB: _____

SCREENINGS

Vision (w/ correction if prescribed)

	Right	Left	Referral	Not Done
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Color Perception Screening: Pass Fail

Notes: _____

Hearing: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz for grades 7 & 11 also test at 6000 & 8000 Hz.

Pure Tone Screening:

	Right	Pass	Fail	Left	Pass	Fail	Referral	Yes	No	Not Done
	<input type="checkbox"/>									

Notes: _____

Scoliosis Screen: Boys in grade 9, and Girls in grades 5 & 7

	Negative	Positive	Referral	Not Done
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

Student may participate in all activities without restrictions.

Student is restricted from participation in:

- Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.
- Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riffery, Swimming, Tennis, and Track & Field.
- Other Restrictions: _____

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V Age of First Menses (if applicable): _____

Other Accommodations* (e.g. brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

Order Form for Medication(s) Needed at School Attached

IMMUNIZATIONS

Record Attached Reported in NYSIS

HEALTH CARE PROVIDER

Medical Provider Signature: _____

Provider Name: (please print) _____

Provider Address: _____

Phone: _____ Fax: _____

Please Return This Form To Your Child's School When Completed.

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A sports update is required for an approved registration. For every sport that a student plays, a new sports update is required. Please make sure you upload the below document for every new registration.



SPORTS HEALTH UPDATE

Date: _____

Dear Parent or Guardian:

Your child had been examined and approved for participation in interscholastic sports for this school year. A health history review is required prior to participating for each sports season. A recommendation and requalification may be required to participate in interscholastic sports for this season. Please respond to the questions below and return this letter to the health office.

Student: _____

Sport: _____ Grade: _____

*Answering "Yes" in any of the questions will not automatically exclude the student from participation.

Since the interscholastic sports physical has your child...

- Had any injuries requiring medical attention? Yes No
- Had any hit to the head that caused headache, dizziness, nausea, confusion or been told he/she had a concussion? Yes No
- Had an illness lasting more than 5 days? Yes No
- Been taking any medication or been under a doctor's care? Yes No
- Had any surgery or fractures? Yes No
- Been treated in a hospital or emergency room? Yes No
- Developed any allergies or chronic disease? Yes No
- Reported feeling faint, dizzy or fatigued after exercise or exertion? Yes No
- Had a change in wearing glasses or contact lenses? Yes No

If the answer to any of the above is yes, please describe below and attach a note from the physician clearing the student for participation in interscholastic sports. (Please understand that the school physician has the final authority to determine the physical capability of a student to participate in a sport.)

Parent/Guardian Signature: _____

Date: _____