



# Brooklyn Athletic Department

We are very excited to announce that the Brooklyn City Schools Athletic Department has partnered with FinalForms, an online forms and data management service. FinalForms allows you to complete and sign athletic participation forms for your students. The most exciting news is that FinalForms saves data from season-to-season and year-to-year, meaning that you will never need to enter the same information twice! FinalForms also pre-populates information wherever possible, for each of your students, saving you time.

You will need to review your information once per school year to verify information is current and sign the forms.

Click on the Parent Playbook (attached) to get started in FinalForms. If you require any support during the process, scroll to the page bottom and click "Use Support".

**We are asking/requiring that ALL parents of athletes use FinalForms. Please register at - <https://Brooklyn-oh.finalforms.com> -- now and electronically complete ALL forms!**

Thank you for your assistance in streamlining our paperwork processes at Brooklyn City Schools.

Athletic Director  
Brooklyn City Schools  
216-485-8164



## PARENT REGISTRATION

### HOW DO I SIGN UP?

1. Go to <https://brooklyn-oh.finalforms.com>
2. Click **NEW ACCOUNT** under the Parent Icon
3. Type your **NAME**, **DATE OF BIRTH** and **EMAIL**, then click **REGISTER**



Parent

→ LOGIN

\* NEW ACCOUNT

### **FINALFORMS**

Hello Clay Burnett,

Your FinalForms **parent** account with Demoville Schools has been successfully created.

Please [click here to confirm your account](#) and complete your registration.

Thank you,  
Demoville Schools Athletics

4. Check your Email for a FinalForms Email, and click **CONFIRM YOUR ACCOUNT** in the email text

*NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, check your spam folder. If you still do not see the FinalForms email, please email [support@finalforms.com](mailto:support@finalforms.com)*

5. Create your new FinalForms password and click **CONFIRM ACCOUNT**
6. Click **REGISTER STUDENT** for your first child



## REGISTERING A STUDENT

### WHAT INFO WILL I NEED?

- Basic Medical History & Health Information
- Doctor & Dentist Contact Information
- Insurance Company & Policy Number
- Hospital Preference

### HOW DO I REGISTER MY FIRST STUDENT?

**\*\*\*IMPORTANT\*\*\*** If you have followed the steps on the previous page, you may Jump to Step 3.

1. Go to <https://brooklyn-oh.finalforms.com>

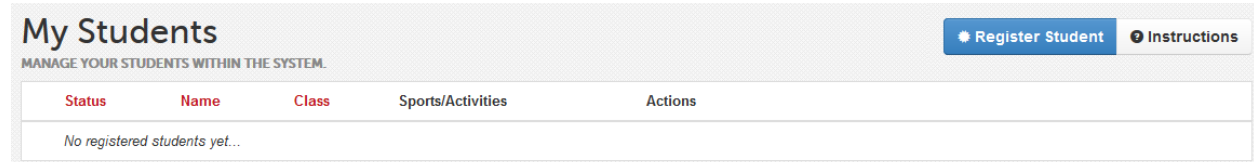
2. Click **LOGIN** under the Parent Icon



Parent



3. Click **REGISTER STUDENT**



4. Type in LEGAL NAME and other basic information about the student. Click **CREATE STUDENT**.

5. **If your student plans to participate in a sport, activity, or club** please click the checkbox for each. Click **UPDATE** after making your selection

**NOTE:** A selection can be changed any time until the registration deadline

6. Complete each form and sign your full name (i.e. 'John Smith') into the Parent Signature field at the bottom of the page. After signing, click **SUBMIT FORM** and move on to the next form.

The 'Form Signatures' section contains two signature fields. The 'Parent Signature' field has a text input box and a note: 'Your signature MUST match your name: Clayton Burnett'. The 'Student Signature' field has a text input box and a note: 'Student must log in to sign.'. At the bottom, there is a blue 'Submit Form' button and a link 'Skip this form'.

7. When all forms are complete, you will see a 'Forms Finished' message.

Forms finished!

8. **\*\*\*IMPORTANT\*\*\*** If required, an email will automatically be sent to the email address that you provided for your Student prompting him/her to sign required Student forms

### HOW DO I REGISTER ADDITIONAL STUDENTS?

Click MY STUDENTS. You may repeat steps 3 through 7 for additional Students

### HOW DO I UPDATE INFORMATION?

LOGIN at any time and click **UPDATE FORMS** to update information for any Student.



### PHYSICAL EXAMINATION FORM

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

#### PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet or use condoms?
  - Do you consume energy drinks?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		DATE OF EXAMINATION _____	
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / ( / )	Pulse	Vision R 20/	L20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat Pupils equal Hearing			
Lymph nodes			
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)			
Pulses Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional Duck walk, single leg hop			

<sup>a</sup>Consider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third part present is recommended.  
<sup>c</sup>Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not Cleared
  - Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
  - Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) \_\_\_\_\_ Date of Exam \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician/medical examiner \_\_\_\_\_, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_