

Puyallup School District Online Forms Tutorial

Online forms are located at this website:

<https://puyallupschools.rankonesport.com>

Steps to submit online forms:

1. Hover your mouse or click on the tab “Electronic Participation Forms”

The screenshot shows the website interface for Puyallup School District Online Forms. At the top left is the Puyallup School District logo with the text "PUYALLUP SCHOOL DISTRICT A Tradition of Excellence". To the right, it says "Online Forms Powered by: RankOneSport ATHLETIC REQUIREMENT SOFTWARE". Below this is a navigation bar with tabs: HOME, INSTRUCTIONS, DOWNLOAD AND PRINT, and ELECTRONIC PARTICIPATION FORMS. The "ELECTRONIC PARTICIPATION FORMS" tab is active, showing a dropdown menu with "Athletic Eligibility Form" and "Parent Permission and Consent Form". Below the navigation bar is a blue header with "Puyallup School District Online Forms" on the left and "Puyallup School District 2016/2017" on the right. The main content area contains a welcome message and a list of steps:

Welcome to the Puyallup School District Athletic Clearance website. Complete the following steps to ensure that your son/daughter can be eligible for practice on the first day.

1. Complete the following forms under the "Electronic Participation Forms" tab.
 - Parent Permission and Informed Consent Form
 - Athletic Eligibility Form
2. Ensure your son/daughter has a current physical. Physicals are valid for two years. If your son/daughter needs a new physical, please download a copy from the "Download and Print" tab. After getting a new physical, have your son/daughter return the original copy to the athletics office at your school. It is recommended that you keep a copy for your personal files.
3. Ensure your son/daughter has a current Baseline Concussion Screening (BCS) if participating in basketball, football, soccer, or wrestling. Information about BCS testing through ATI Physical Therapy can be found on the PSD Athletics website as well as the individual school sites. Physicians can also complete BCS testing.
4. Pay the ASB and athletic fees at the main office of your school. Students who qualify for free or reduced lunch prices may qualify for an athletic fee waiver. Thank you and have a great season.

2. Select the first form listed "Athletic Eligibility Form". At the top of the form, enter your student's First Name, Last Name, and Student ID.

The screenshot shows the online form interface for Puyallup School District. At the top left is the Puyallup School District logo with the text "PUYALLUP SCHOOL DISTRICT A Tradition of Excellence". To the right, it says "Online Forms Powered by: RankOneSport". Below this is a navigation bar with links: HOME, INSTRUCTIONS, DOWNLOAD AND PRINT, and ELECTRONIC PARTICIPATION FORMS. A red-bordered box contains the following fields: "Student First Name:" with the value "Test" and a "Required" label; "Student Last Name:" with the value "Paperwork" and a "Required" label; "Student ID:" with the value "000000000" and a "Required" label; and "School Attending in 2016 - 2017:" with a dropdown menu showing "Emerald Ridge High School" and a "Required" label. Below this is a blue header bar with "Athletic Eligibility Form" on the left and "Puyallup School District 2016/2017" on the right. The main content area is titled "ATHLETIC ELIGIBILITY FORM" and contains a section "ATHLETIC ELIGIBILITY" with a paragraph of instructions. Below the instructions is a "Student Athlete Name" field with the value "Test Paperwork". There are five numbered questions, each with "Yes" and "No" radio button options:

ATHLETIC ELIGIBILITY

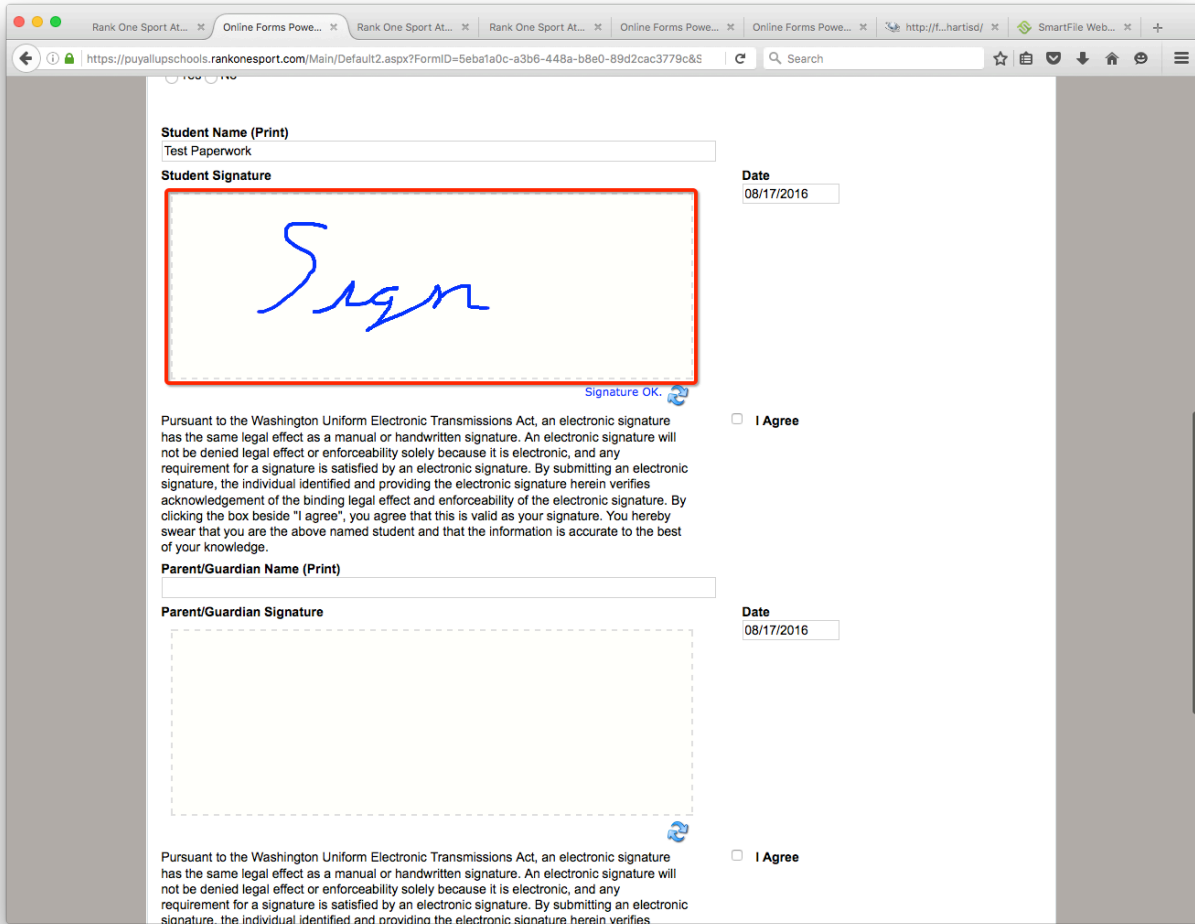
Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant/parent/guardian that provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

Student Athlete Name
Test Paperwork

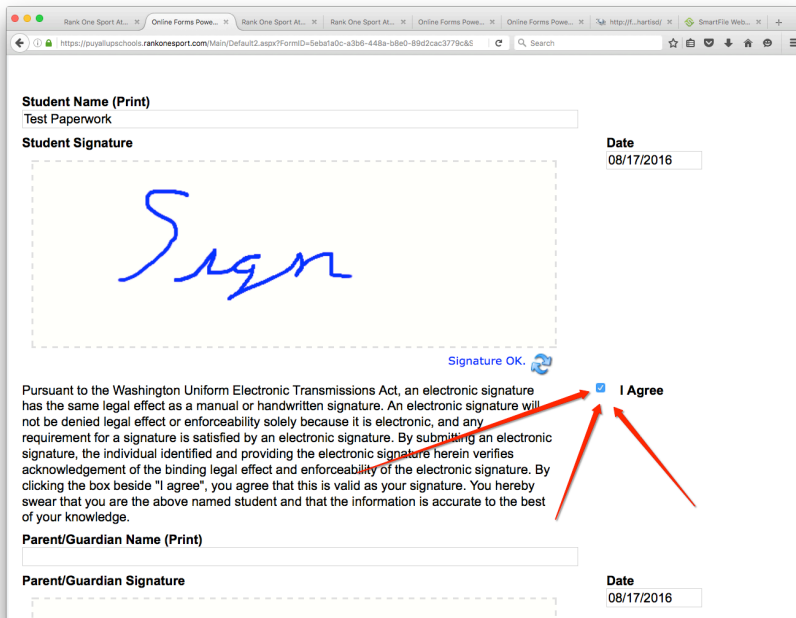
1. The above student is under 16 year of age for grades 7-8, or under 20 years of age for grades 9-12.
 Yes No
2. The above student resides with his/her parents/legal guardians
 Yes No
3. The above student was enrolled (and not withdrawn) during the previous semester and received semester grades.
 Yes No
4. The above student passed at least 5 credit classes and maintained a 2.0 GPA during the previous semester.
 Yes No
5. The above student resides within the boundaries of the Puyallup school where he/she intends to participate.
 Yes No

3. Read and answer the nine Yes/No questions.

- 4. Add a Student Signature in the space provided:
 - a. Desktop Computer: Click and hold down your mouse, drag to sign
 - b. Tablet or Smartphone: Sign with your finger



- 5. Click the “I Agree” checkbox to accept your submission of electronic signatures:



6. Type the Parent/Guardian Name and Add a Parent/Guardian Signature in the space provided:
 - a. Desktop Computer: Click and hold down your mouse, drag to sign
 - b. Tablet or Smartphone: Sign with your finger
7. Click the "I Agree" checkbox to accept your submission of electronic signatures:

Pursuant to the Washington Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the above named student and that the information is accurate to the best of your knowledge.

I Agree

Parent/Guardian Name (Print)
Parent Name Goes Here

Parent/Guardian Signature

Date
08/17/2016

Signature OK.

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I Agree

8. Enter the Parent/Guardian email address in the space labeled "Notification Email". If you do not have an email address, type "NA"

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I Agree

Notification Email: If the athlete is 18 and completing the form themselves, please enter their email. If the athlete is under 18 or the completing the form, please enter the parent/guardian email. An email notification will be sent once the form has been approved.

Submit

9. Click Submit. You will see a message saying your form information has been successfully saved and sent to the appropriate school. On this page, click the “Go to the Next Form” arrow

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https://puyallupschools.rankonesport.com/Main/Saved2.aspx?FormID=5eb1a0c-a3b6-448a-b8e0-89d2cac3779c&Di Search

PUYALLUP SCHOOL DISTRICT
A Tradition of Excellence

Online Forms
Powered by:
RankOneS

HOME INSTRUCTIONS DOWNLOAD AND PRINT ELECTRONIC PARTICIPATION FORMS

Your form information has been successfully saved and sent to the appropriate school. Once the staff has reviewed your information receive an email informing you of the status. The form will either be approved or denied.

If you would like to download a copy of this form click [HERE](#)

Forms Remaining

- **Parent Permission and Consent Form**

Go To The Next Form

Thank you for submitting your forms online.

Puyallup School District Department Staff!

10. Read the text listed in items A, B, and C. Then click on the link to the Cautions Considerations and Responsibilities document. Please read and print off a copy of this form for your records. Place a check in the Parent/Guardian and Student Check boxes to acknowledge having read and accepted the information presented in the document:

Parent Permission and Consent Form Puyallup School District 2016/2017

Parent Permission - Risk of Injury - Insurance - Emergency Medical Treatment - Athletic Code
PLEASE FILL OUT EACH SECTION COMPLETELY

A. hereby give permission for to engage in interscholastic athletics in the Puyallup School District for the school year (includes summer participation).

B. I understand that transportation will NOT be provided for in-district high school athletic contests/practices or for evening in-district junior high athletic contests. Transportation will be the responsibility of the student-athlete.

C. Your son/daughter has chosen to participate in a school district athletic/activity program. Some athletic/activity programs are more dangerous than others. Accidents can happen, and risks of serious and catastrophic injury do exist. Your signature below indicates that you have been advised as stated above on the risk of injury and that you assume the risk. Parents/Guardians may contact the office of the Athletic Director at Sparks Stadium or call 253-841-8785 for copies of specific athletic activity safety/risks.

CAUTIONS AND CONSIDERATIONS

LINK: [Cautions Considerations and Responsibilities](#)

My CHECK below indicates that I have read and understand all information presented on all Cautions and Considerations for the sports the student will be participating in.

Parent/Guardian Check Box Student Check Box

MEDICAL INSURANCE

All athletes must be covered by private/personal medical insurance prior to participation.
Fill in the appropriate spaces: (Note - school insurance is secondary if parents have their own insurance plan).

1. My son/daughter is covered by a Medical Insurance Company.
 Yes No

11. Answer the two questions in the Medical Insurance Section
a. If your son/daughter is covered by a Medical Insurance Company, please provide the name of the Insurance Company and indicate if the insurance plan covers summer participation (Yes or No)

MEDICAL INSURANCE

All athletes must be covered by private/personal medical insurance prior to participation.
Fill in the appropriate spaces: (Note - school insurance is secondary if parents have their own insurance plan).

1. My son/daughter is covered by a Medical Insurance Company.
 Yes No

Name

Insurance Company

This insurance plan covers summer participation.
 Yes No

2. I have purchased school medical insurance.
 Yes No

IN CASE OF AN EMERGENCY

Primary Contact name Relationship Phone

Secondary Contact name Relationship Phone

As a parent or legal guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above named student and in event of injury, to administer emergency care or to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Parent/Guardian Check Box Student Check Box

15. Click the link to the Steroid Awareness Information Sheet and read this document.

Return to the online form and click the Parent/Guardian and Student Check box to acknowledge you have read and understand the information from the Steroid Awareness Information Sheet

STEROID AWARENESS INFORMATION

LINK [STEROID AWARENESS INFORMATION SHEET](#)

My CHECK below indicates that I have read and understand all information presented on the Steroid Information Sheet.

Parent/Guardian Check Box **Student Check Box**

16. Type the name of the student the online form is being completed for, add a signature in the space provided, and click the checkbox to accept your submission of electronic signatures:

Student Name (Print)

Student Signature

Date

Student Sign

Signature OK.

I Agree


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17. Type the Name of the Parent/Guardian completing the online forms, add a signature in the space provided, and click the checkbox to accept your submission of electronic signatures.

Parent/Guardian Name (Print)
Parent/Guardian Signature Here

Parent/Guardian Signature

Date
08/17/2016



Signature OK.

I Agree

Pursuant to the Washington Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will

18. Enter the Parent/Guardian email address in the space labeled "Notification Email". If you do not have an email address, type "NA"

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I Agree

Notification Email: If the athlete is 18 and completing the form themselves, please enter their email. If the athlete is under 18 or the completing the form, please enter the parent/guardian email. An email notification will be sent once the form has been approved.

Submit

19. Click Submit. You will see a message saying all forms have been completed. You may start the process again for a new athlete if needed.

Your form information has been successfully saved and sent to the appropriate school. Once the staff has reviewed your information you will receive an email informing you of the status. The form will either be approved or denied.

If you would like to download a copy of this form click [HERE](#)

All forms have been completed, thank you!

[Click here to enter a new athlete](#)

Thank you for submitting your forms online.

Puyallup School District Department Staff!