

**2025-2026**  
**Wimberley ISD**  
**Athletic Forms**

Dear Parents,

Wimberley ISD is sharing this information with you in preparation for the 2025-2026 athletic calendar year. As in previous years, required athletic paperwork is given to our student-athletes in the semester prior to the beginning of the athletic calendar year. This is done to make the beginning of the school year easier, and ensure that none of our athletes miss practice or competition events. This year we will be handing out the paperwork in May. All forms (**except the UIL Preparticipation-Physical examination (PPE) and Medical History Form**) must be submitted online to the athletic department prior to participation in any UIL Athletic event, including practice.

This year, we are trying things differently. We are putting the **UIL Acknowledgement of Rules Form, UIL Illegal Steroid Parent and Student Notification/Agreement Form, UIL Concussion Acknowledgement Form, and the Sudden Cardiac Arrest Awareness Form** online.

We will be using Register My Athlete / Aktivite to handle all of these forms. You will find an instruction sheet on how to register for an account and fill out the necessary forms for the 2025-2026 school year. Here is the link to their website: <https://registermyathlete.com/> Please read the instruction sheet that is in this packet to learn how to create an account.

The only forms that will be given out in paper form will be the **UIL Preparticipation-Physical Examination (PPE) and Medical History Form**. These forms will be attached to this packet. You can also download these forms on the register my athlete portal when you create your account with Aktivite. **All forms will have to be uploaded into the student-athlete online portal.** You can turn in a paper copy if you wish. If you need assistance in doing this, please reach out to Coach Dusek.

You can also contact your child's coach at their respective school. The 2025-2026 Athletic Forms Packet will also be on the school district website at <https://www.wimberleyisd.net/physicals>.

The last option is to email the WISD Athletic Trainer Brandon Dusek at [brandon.dusek@wimberleyisd.net](mailto:brandon.dusek@wimberleyisd.net) and he can email these forms directly to you. He can also be contacted at 512-847-3211, extension 3203.

Under UIL rules, **all** athletic paperwork is due prior to any practice, game/scrimmage. **All forms this year will have to be uploaded into the student-athlete's register my athlete / Aktivite account.** If you wish, you may email any athletic paperwork to Coach Dusek at [brandon.dusek@wimberleyisd.net](mailto:brandon.dusek@wimberleyisd.net) or turn it in at the Fieldhouse or WHS if you are going to be at Wimberley High School. If you are going to be a 7th or 8th grader, please drop your packet off at Danforth Jr. High.

Thank you,

Wimberley ISD Athletic Department

# Wimberley ISD Sports Physicals

When: May 21, 2025

Where: Wimberley High School Gym

Doors Open: 3:30pm – 4:30

Who: All incoming 7<sup>th</sup>, 9<sup>th</sup>, & 11<sup>th</sup> graders.  
(Current 6<sup>th</sup>, 8<sup>th</sup>, & 10<sup>th</sup> graders)

Cost: \$30.00 – Physical

If paying by check, please make check payable to: **WHS**  
Please include Drivers License number and a phone number  
Venmo and/or CashApp will NOT be accepted

To expedite the evening, we ask that all paperwork be filled out ahead of time. This will speed up the process and prevent delays. **All** medical release, medical history, medical emergency, and acknowledgement of rules forms **must** be completed before a sports physical can be performed. We also ask that you dress appropriately by wearing t-shirt and shorts. A paper copy can be obtained from your student/athletes sport coach beginning April 30, 2025. If you have any questions please contact Brandon Dusek, Athletic Trainer, at 512-847-3211, Ext. 3203.

# Frequently Asked Questions

## About Sports Physicals and Athletic Paperwork

### **Does my child have to have a physical every year in the Wimberley ISD (WISD)?**

No, under UIL requirements, a physical examination form must be completed prior to junior high participation and again prior to first and third years of high school athletic participation. It must be completed if there are “yes” answers to specific questions on the student MEDICAL HISTORY FORM. Local policy can be adopted to require an annual physical, but that is not a requirement in WISD.

### **How long does a sports physical remain active?**

A sports physical must be done before the student-athletes' 7<sup>th</sup> grade, 9<sup>th</sup> grade, and 11<sup>th</sup> grade years. Basically, every 2 years. However, if a student-athlete answers “yes” to specific questions on the MEDICAL HISTORY FORM, the student-athlete may be required to obtain another sports physical.

### **Must all paperwork be signed and returned for participation in UIL athletics?**

Yes.

### **Where can I find the appropriate forms and/or paperwork?**

This year, the forms will be online. Please go to: <https://www.registermyathlete.com/login/?system=uil> to create an account and fill out the annual forms.

You can contact your child's coach at their respective school. You can also visit the school district website at <https://www.wimberleyisd.net/physicals>. From there you can download a 2025-2026 Athletic Forms Packet.

The last option is to email the WISD Athletic Trainer Brandon Dusek at [brandon.dusek@wimberleyisd.net](mailto:brandon.dusek@wimberleyisd.net) and he can email these forms directly to you. He can also be contacted at 512-847-3211, extension 3203.

### **Will Wimberley ISD be hosting a sports physical clinic this year?**

Yes! There was an event held on May 21, 2025 at 3:30 p.m. in Texan Gym.

### **Where can we go to get a sports physical?**

You can come to the Sports Physical date on May 21st at Texan Gym. If you cannot attend, please contact your child's primary care provider or a physician of your choice that can perform a sports physical. If you do not have a primary care provider, you can go to urgent care clinics such as: CareNow Urgent Care in San Marcos or Live Oak/CHRISTUS Trinity walk-in clinic in San Marcos. Also attached to this packet is a list of facilities who have given us information on where to go and get a sports physical. You can reach out to these providers and schedule an appointment with them.

### **When is the athletic paperwork due?**

Under UIL rules, all athletic paperwork is due prior to any practice, game/scrimmage. It is the parents and student-athlete's responsibility to make sure an account is created with Register My Athlete. This year, all paperwork must be done online. No paper copies will be accepted at the school(s).

The list of sports physical providers below is being provided as a resource only and is not an exhaustive list. WISD is not a partner with the following clinics. Cost for a sports physical can range from \$25 up to \$50. We recommend that you contact the facility of your choosing before going:

St. David's Care Now Urgent Care Facility  
155 Wonder World Drive  
San Marcos, Tx 78666  
Open from 8am-8pm Monday-Friday  
9am-5pm Saturday  
Phone: 512-738-8334

Live Oak Walk-in Clinic/CHRISTUS Trinity Clinic  
1920 Corporate Dr., Suite 208  
San Marcos, Tx 78666  
Open from 8am-7pm Monday-Friday  
10am-2pm Saturday  
Phone: 512-396-3911

CareNow Urgent Care  
301 North Guadalupe Street, Suite 144  
San Marcos, Tx 78666  
Open from 8am-8pm Monday-Friday  
8am-7pm Saturday  
8am-5pm Sunday  
Phone: 512-960-0288

Premier ER & Urgent Care  
1509 N. Interstate 35  
San Marcos, Tx 78666  
Urgent care open 7am-9pm  
Phone: 512-648-3188

Lewis Family Medical and Urgent Care  
13830 Sawyer Ranch Road 100-102  
Dripping Springs, Tx 78620  
Open from 8am-8pm Monday-Friday  
8am-2pm Saturday  
9am-1pm Sunday  
Phone: 512-301-6400



## Registration for Parents/Guardians

### CREATE A PARENT/GUARDIAN ACCOUNT:

☐ On [www.aktivate.com](http://www.aktivate.com), click **Login**

☐ Click **Create an Account**

*\* You only need ONE account, even if you have children in more than one high school and/or junior high*

*\* Do not create another account if you have used Register My Athlete/Aktivate in the past*

☐ Fill in your personal account information. You will be using the site as a Parent/Guardian.

☐ Click **Create Account**

☐ Shortly after creating your account, you will receive an **email with a 6-digit Verification Code**.  
Use this code to verify your account when prompted.

*\* Do not close your current tab. You will need to open your email in another tab and find the verification email in your email inbox (it may take a few minutes to appear, so be patient).*

### REGISTER YOUR STUDENT FOR AN ACTIVITY:

☐ Login with your email address and password

☐ Under the **Parents** header, click the button labeled **Click here to start/complete athlete registrations**


☐ Click **Start/Complete Registrations** under "What would you like to do?"

☐ Click the **New Registration +** button in the upper right hand corner

☐ Start by clicking the red **Select School** bar and follow the directions as they appear

☐ Continue following the steps presented in the red bars

☐ Once your registration is complete, you'll receive a confirmation email from us

**Need Help?** For a live chat, click the orange **Help?** button  on the lower left side of the screen or email [support@aktivate.com](mailto:support@aktivate.com) for assistance.




## Inscripción para padres/tutores

### CREAR UNA CUENTA DE PADRE/TUTOR:

- ☐ En [www.aktivate.com](http://www.aktivate.com), haga clic en **Iniciar sesión**
- ☐ Haga clic en **Crear una cuenta**
  - \* Solo necesita UNA cuenta, incluso si tiene hijos en más de una escuela y/o secundaria
  - \* No cree otra cuenta si ya ha utilizado Register My Athlete/Aktivate en el pasado
- ☐ Introduzca la información de su cuenta personal. Usted estará usando el sitio como padre/tutor
- ☐ Haga clic en **Crear Cuenta**
- ☐ Poco después de crear su cuenta, recibirá un correo electrónico con un código de verificación de 6 dígitos. Use este código para verificar su cuenta cuando se le solicite.
- \* No cierre la pestaña actual. Tendrá que abrir su correo electrónico en otra pestaña y encontrar el correo de verificación en su bandeja de entrada (puede tardar unos minutos en aparecer, favor de tener paciencia).

### REGISTRE A SU ESTUDIANTE PARA UNA ACTIVIDAD:

- ☐ Inicie sesión con su dirección de correo electrónico y contraseña
- ☐ Debajo del encabezado **Padres**, haga clic en el botón etiquetado. **Haga clic aquí para iniciar/completar registros de atletas.**
- ☐ Haga clic en **Iniciar/Completar** registro en "¿Que le gustaría hacer?"
- ☐ Haga clic en el botón **Nuevo Registro +** en la esquina superior derecha
- ☐ Comience haciendo clic en la barra roja **Seleccionar Escuela** y siga las instrucciones a medida que aparecen
- ☐ Continúe siguiendo los pasos presentados en las barras rojas
- ☐ Una vez que se complete su registro, recibirá un correo electrónico de confirmación de nuestra parte

¿Necesitas ayuda? Para un chat en vivo, haga clic en el botón naranja  **Ayuda** en la parte inferior izquierda de la pantalla o envíe un correo electrónico a [support@aktivate.com](mailto:support@aktivate.com) para obtener ayuda.

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
*In case of emergency, contact:*  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL**

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

**For School Use Only:**

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
brachial blood pressure while sittingVision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* ***Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

**MUSCULOSKELETAL**

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.