



FinalForms

Parent registration

How do I sign up?

1. Go to: <https://rutherford-tn.finalforms.com/>
2. Locate the parent icon and click **NEW ACCOUNT** below.



3. Type your YOUR NAME, DATE OF BIRTH, and EMAIL. Next, click **REGISTER**.

NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, then check your spam folder. If you still can not locate the FinalForms email, then email support@finalforms.com informing our team of the issue.

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

FINALFORMS

Hello Clay Burnett,

Your FinalForms account with Demoville Local Schools (OHE) has been successfully created.

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

I thank you,
Demoville Local Schools (OHE) Administration

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

FinalForms

Registering a student

What information will I need?

Basic medical history and health information. Insurance company and policy number. Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

How do I register my first student?

IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.

1. Go to: <https://rutherford-tn.finalforms.com/>

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



3. Locate and click the **ADD STUDENT** button.

4. Type in the **LEGAL NAME** and other required information. Then, click **CREATE STUDENT**.

5. **If your student plans to participate in a sport, activity, or club**, then click the checkbox for each. Then, click **UPDATE** after making your selection. Selections may be changed until the registration deadline.

6. Complete each form and sign your full name (i.e. 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

A screenshot of the 'Form Signatures' section. It includes a 'Parent Signature:' field with a text input area and a 'Student Signature:' field with a text input area. Below the fields is a 'Submit Form' button and a 'Skip this form' link. A note above the parent signature field states: 'Your signature MUST match your name: Clayton Burnett'.

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

IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt your student to sign required forms.

How do I register additional students?

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

How do I update information?

Login at any time and click **UPDATE FORMS** to update information for any student.

Final Forms Checklist

REQUIRED UPLOADED DOCUMENTS

Proof of Residence (3)

- Proof of Residence Form
- Current Utility Bill
- Bus Zone Verification

Physical Examination Form (2)

- Physical Examination Form-page 1 of the physical
- Medical Eligibility Form-page 2 of the physical

Birth Certificate (1)

- State Official Birth Certificate

ELECTRONIC FORMS TO FILL OUT

- Contact information
- Demographic information
- Health History & Medical Profile
- Consent for Medical Care
- Transportation Agreement
- Personal Affidavit of Responsibility
- Code of Ethics
- ImPACT Testing Consent
- Consent to Disclose Health Information
- Cardiac Arrest Awareness
- Parent Concussion Acknowledgement
- Student Concussion Acknowledgement

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) 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, e-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-enhancing 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, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Proof of Residence

According to Rutherford County Board Of Education Policy ADM5-66.5 (Interscholastic Athletics), it is required that all coaches verify that athletes' addresses are within the school attendance zone prior to beginning practice each year.

You must submit this form along with the following documents to be eligible to try out for any Interscholastic Athletic team:

1. A current utility bill
2. A copy of zone verification from the Rutherford County Schools Website
***To obtain a copy of your verification you should log on to www.rcschools.net Click on School Zone/Bus Route Info. Type in your complete street address and grade. Print the screen that verifies that you are zoned for*

Name of School

or

A copy of a valid zone exemption year to attend _____
for the _____ school year . Name of School

Student Name _____

Address _____
***Must be the primary domicile of the student's custodial parent/guardian.*

Parent/Guardian Name _____

Phone Number(s) _____

I hereby state the above information is correct.

Signature of Student

Signature of Parent/Guardian

Date