

# ArbiterAthlete™

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Dear Parent/ Guardians,

The Athletic Departments at Waccamaw High School and Waccamaw Middle School now hosts their Pre-participation Athletic Forms online with ArbiterAthlete, powered by PlanetHS, a software company committed to keeping your student(s) safe. This digital platform will allow you, and your student(s), to complete and access athletic forms via computer, tablet, or mobile phone. It is HIPPA, COPPA and FERPA compliant.

**Before forms can be completed by parent and student, please follow these steps:**

1. **Both parent and student must create accounts, using different emails and/or phone numbers.** Accounts may be created either via smart phone quick code\*, or by clicking “not yet registered” on [www.arbiterathlete.com](http://www.arbiterathlete.com) . *Important: Students must be sure to create accounts using accurate information, including their Official Name from school registration, DOB, high school graduation year and school. Note: Some school/ district names may look similar, so please be careful to select the correct one.*
2. **Link Parent and Student accounts** - Once a parent/guardian and student has registered, with separate emails and/ or phone numbers, *the accounts must be linked.* You will be led through this process after creating an account, or login and click the “Link Account” button. Students may create accounts and begin completing digital forms. If a parent is not linked to a student, they will only see PDF versions of the form, not the digital versions. *Note: if students are under 13, and they create an account, they must know their parent/ guardian’s email address or mobile phone number.*
3. **Complete Athletic Forms as Advised** - Please refer to the one-page help-guide below for more assistance or use the tips located at the top of the Athletic Forms page in your account.

Athletes cannot participate in sports until digital forms are complete, unless otherwise specified by your school. Forms will be valid for the entire school year for which they are filled out, with the exception of the physical exam provided by your physician which will reflect the policy set in place by your athletic department.

If you need assistance with ArbiterAthlete, or need more information, please email [schoolsupport@planeths.com](mailto:schoolsupport@planeths.com). If you have questions regarding content of form requirements, please contact your school.

Thank you!

Waccamaw High School and Waccamaw Middle School Athletic Department

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**\*Quick Account Instructions for account creation via mobile phone:** If you have not received a request to link accounts with your student; please use the code that corresponds to the school your student attends. If you have multiple students at different campuses, use the code that corresponds to your oldest student. Once you send the code you will immediately receive a text back with a hyperlink to create your account. (*Msg & Data rates may apply.*)

**Waccamaw High School:** via mobile phone send a text to 69274 containing *S666* in the message. You will instantly receive a text inviting you to create an account.

**Waccamaw Middle School:** via mobile phone send a text to 69274 containing *S1475* in the message. You will instantly receive a text inviting you to create an account.

*(Text HELP to 69274 for more information. Text STOP to 69274 to opt out. Msg & Data rates may apply. The wireless carriers are not liable for delayed or undelivered messages. Number of messages vary per user).*

## Athletic Pre-Participation Forms Getting Started Guide (Parent & Student):

<p>1. <b>Create Accounts</b></p>	<ul style="list-style-type: none"> <li>• Both a parent and student are required to create separate accounts.</li> <li>• Go to <a href="http://arbiterathlete.com">arbiterathlete.com</a></li> <li>• If your school has provided their <b>Quick Account Code</b> (reference <i>Kick Off Letter</i>), TEXT the code to 692774 to create your parent &amp; student account.</li> </ul> <p><i>*Creation of accounts can be done on all devices with internet connection: Computers, Smart Phones, Tablets, iPads, etc.</i></p> <ul style="list-style-type: none"> <li>• Home School selection- this is the school that you/your student attends/studies. Do NOT select the school district in which your school resides.</li> <li>• My student plays for both the Middle School and High School?! If your student plays on both a middle and high school team, upon account creation, select the home school in which your STUDENT STUDIES. You will be able to select the secondary school within the Additional Schools section after creating your account.</li> </ul>
<p>2. <b>Link Parent &amp; Student Accounts</b></p>	<p>Once logged in, you will be prompted to link the parent and student account. Enter the email address to send an invitation to the parent/student. The invited person clicks on the link via email or text message to finish the linking process. The invited person can also login and accept the link request, via the prompt after logging in.</p> <p><b>Why do I have to link accounts?</b> Forms required by your school, often require both a parent and student signature to mark the form as completed. For the PlanetHS system to know what student and parent will be viewing and signing the proper forms, a linked parent/student account is required.</p>
<p>3. <b>Athletic Forms button</b></p>	<p>Click the <b>Athletic Forms button</b> to move to the Pre-Participation Forms Overview Page and complete the required digital forms.</p>
<p>4. <b>Select the Sports you will participate</b></p>	<p>In the <b>Sports Interest</b> section, check the sports you will be participating.</p>
<p>5. <b>Additional Schools (If Applicable)</b></p>	<p>If you/your student participate in sports at multiple schools, add the additional schools here. If you/your student do not play for multiple schools, leave this section blank.</p>
<p>6. <b>Complete &amp; Sign Digital Forms</b></p>	<p>Click on each form link, complete each form, and click the <b>Sign &amp; Submit</b> button. <b>Both the parent and student must complete this step.</b> Your school/district chooses which forms require the student, parent, or student AND parent signatures.</p> <p><b>Parents will only see example forms until the parent and student accounts are linked.</b> Once the accounts are linked, the parent example forms will convert to web-forms for completion. *The student will always see the webforms to complete and sign, even before the accounts are linked. This gives the ability for students to send a parent linked account request and to upload the physical exam signed by the physician during group physicals.</p>
<p>7. <b>Accepted Forms Notification</b></p>	<p><b>Upload Buttons</b> are shown when you are required to upload a document instead of completing the web-form. For example, the physical exam form your physician completes or a birth certificate. These forms can be uploaded by either the parent or student but require the parents signature.</p> <p>When your school has accepted all forms, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been denied by your school. You will be given the reason for denial and link to review and resubmit your changes back to the school.</p>

Georgetown County School District  
Pre-Participation Health Screening for Athletes / Extracurricular Activities

Name \_\_\_\_\_ Sex (circle): M F

Current Grade (circle) 7 8 9 10 11 12 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sports you plan to play (check) Football \_\_\_\_\_ Basketball \_\_\_\_\_ Baseball \_\_\_\_\_ Softball \_\_\_\_\_ Volleyball \_\_\_\_\_  
 Wrestling \_\_\_\_\_ Cross Country \_\_\_\_\_ Soccer \_\_\_\_\_ Track \_\_\_\_\_ Swimming \_\_\_\_\_ Golf \_\_\_\_\_ Lacrosse \_\_\_\_\_  
 Cheerleading \_\_\_\_\_ Tennis \_\_\_\_\_ NJO/OTC \_\_\_\_\_ Dance Team \_\_\_\_\_ Other (list) \_\_\_\_\_

Medical History (Answer all questions by checking the "yes" or "no" boxes. Explain all "yes" answers in the space below)

General Medical History	Yes	No	Unsure
1. HAVE YOU HAD ANY MEDICAL PROBLEM OR PHYSICAL INJURY SINCE YOUR LAST PHYSICAL EXAM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU HAVE ASTHMA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. DO YOU HAVE DIABETES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DO YOU HAVE HIGH BLOOD PRESSURE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. DO YOU HAVE SEIZURES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. DO YOU HAVE SICKLE CELL TRAIT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU EVER HAD ANY OTHER MAJOR MEDICAL PROBLEM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE YOU EVER BEEN HOSPITALIZED OR HAD SURGERY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. DO YOU COUGH, WHEEZE, OR HAVE TROUBLE BREATHING WHEN EXERCISING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. DO YOU USE AN INHALER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. DO YOU HAVE A SINGLE ORGAN (TESTICLE OR KIDNEY)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ARE YOU CURRENTLY TAKING ANY MEDICINES OR DO YOU TAKE ANY MEDICINES ON A REGULAR BASIS (PRESCRIPTION OR OVER-THE-COUNTER)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. HAVE YOU EVER TAKEN ANY SUPPLEMENTS OR VITAMINS TO HELP WITH WEIGHT LOSS, WEIGHT GAIN, OR TO IMPROVE PERFORMANCE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. DO YOU HAVE ANY ALLERGIES (SEASONAL, INSECTS, FOOD, OR MEDICINES)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. HAVE YOU EVER HAD A RASH OR HIVES DEVELOP DURING OR AFTER EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. DO YOU HAVE ANY SKIN PROBLEMS OTHER THAN ACNE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. HAVE YOU EVER HAD A HEAD INJURY, BEEN KNOCKED OUT, LOST YOUR MEMORY, HAD YOUR "BELL RUNG", OR A CONCUSSION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. HAVE YOU EVER HAD NUMBNESS OR TINGLING IN YOUR ARMS, HANDS, LEGS, OR FEET?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. HAVE YOU EVER HAD A "STINGER", "BURNER", OR PINCHED NERVE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. HAVE YOU EVER BECOME ILL FROM EXERCISING IN THE HEAT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HAVE YOU HAD MONONUCLEOSIS OR ANY SIGNIFICANT ILLNESS IN THE LAST 60 DAYS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. DO YOU HAVE TROUBLE WITH YOUR EYES/VISION/WEAR GLASSES OR CONTACTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. DO YOU HAVE TROUBLE WITH YOUR HEARING/WEAR HEARING AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. DO YOU WANT TO WEIGH MORE OR LESS THAN YOU DO NOW?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. DO YOU LOSE WEIGHT REGULARLY TO MEET WEIGHT REQUIREMENTS FOR YOUR SPORT OR OTHER REASONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. DO YOU FEEL STRESSED OUT, OVERLY TIRED, OR DEPRESSED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. ARE THERE ANY OTHER ISSUES YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cardiac History

1. HAVE YOU EVER PASSED OUT DURING OR AFTER EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU EVER HAD UNEXPLAINED DIZZINESS DURING OR AFTER EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. HAVE YOU EVER HAD CHEST PAIN OR CHEST PRESSURE DURING OR AFTER EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DO YOU TIRE EASILY OR MORE QUICKLY THAN YOUR FRIENDS DURING EXERCISE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU EVER HAD RACING OF YOUR HEART OR SKIPPED HEART BEATS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU EVER BEEN TOLD THAT YOU HAVE A HEART MURMUR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU EVER BEEN TOLD THAT YOU HAVE AN ENLARGED HEART?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- HAS A PHYSICIAN EVER ORDERED ANY TESTING FOR YOUR HEART?
- HAS A PHYSICIAN EVER DENIED OR RESTRICTED YOUR PARTICIPATION IN SPORTS?
- HAS ANY MEMBER OF YOUR FAMILY DIED OF HEART PROBLEMS OR SUDDEN DEATH BEFORE AGE 50?
- HAS ANY MEMBER OF YOUR FAMILY BEEN TOLD THEY HAD A SERIOUS HEART PROBLEM BEFORE AGE 50?
- HAS ANY MEMBER OF YOUR FAMILY BEEN TOLD THEY HAD MARFAN'S SYNDROME, ARRHYTHMIA, CARDIOMYOPATHY, LONG-QT SYNDROME, ION CHANNELOPATHIES, OR CARDIAC CONDITIONS?

Orthopedic History

- HAVE YOU EVER BROKEN OR FRACTURED ANY BONES?
- HAVE YOU EVER DISLOCATED OR PARTIALLY DISLOCATED ANY JOINT?
- HAVE YOU HAD ANY PROBLEMS RELATED TO YOUR:
  - NECK, SPINE, OR BACK
  - SHOULDERS
  - ELBOWS
  - WRISTS, HANDS, OR FINGERS
  - KNEES
  - ANKLES, FEET, OR TOES
  - OTHER

Females Only

- ARE YOUR PERIODS REGULAR (EVERY MONTH)?
- ARE YOUR PERIODS HEAVY?
- WHEN WAS YOUR FIRST PERIOD? MONTH \_\_\_\_\_ YEAR \_\_\_\_\_
- WHEN WAS YOUR LAST PERIOD? MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Please explain "Yes" answers from the above below

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Note: A photocopy or facsimile of this document shall be considered the same as the original document  
 Note: Per South Carolina High School League rules, pre-participation physicals are valid from April 1, 2019 - May 31, 2020

# Pre-Participation Health Screening Examination

Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age \_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Pulse \_\_\_\_\_

BP \_\_\_\_\_ / \_\_\_\_\_

Respiration \_\_\_\_\_

Vision \_\_\_\_\_

Corrected (circle): Yes No

If yes, with? (circle) Glasses / Contacts

Systems	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses (including femoral)			
Heart (supine & squat to standing)			
Lungs			
Skin			
Abdominal			
Genitalia			
Physical Stigmata of Marfan Syndrome			

Musculoskeletal	Normal	Abnormal Findings	Initials
Neck			
Shoulders			
Elbows			
Wrists			
Hands			
Back / Spine			
Hip / Pelvis			
Knees			
Ankles			
Feet			

Dental Examination	Normal	Abnormal Findings	Initials
Gums & Tongue			
Teeth			
TMJ Joint			

- Clearance**
- Cleared
  - Cleared after completing evaluation / treatment for \_\_\_\_\_
  - Not cleared for sport / activity \_\_\_\_\_
  - Not cleared for any sports participation due to \_\_\_\_\_

**Other Recommendations** \_\_\_\_\_

Musculoskeletal Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

PC Physician Office Name \_\_\_\_\_ Name of Examining Physician \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_ Date \_\_\_\_\_

*Note: Per South Carolina High School League rules pre-participation physicals are valid from April 1, 2019 – May 31, 2020*