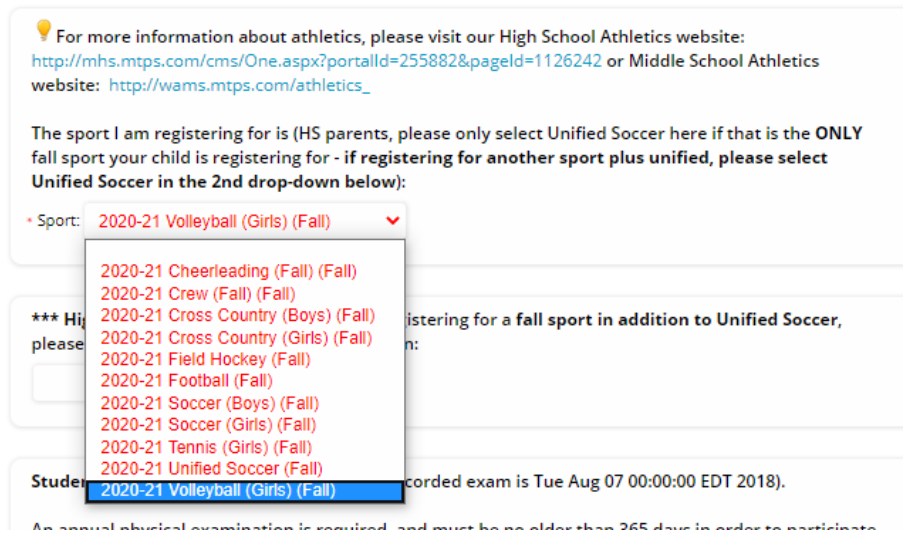


# Sports Registration in Genesis

1. Log in to your Genesis account at <https://parents.mtps.com> . Click on the **'STUDENT DATA'** tab and then the **'Forms'** sub-tab. If you are using a mobile device, click the 3 horizontal lines at the top left and then click on **'Student Data'** on the left and **'Forms'** on the right. This will bring up the 'Forms Library'. For ease of use, it is highly recommended that you do not complete this on a mobile device. You will need to have a .pdf viewer installed on whichever device you are using in order to view all of the required reading materials.
2. In the 'Forms Library', find the form **'XX XXXX Sports Registration...(form name preceded by Sport Season and Year'** and click those words (they will appear in blue). You will find this form under each of your children and will need to fill it out separately for each child you are registering for sports.
3. Once in the form, select the sport you are registering your child for in the drop-down:



4. The date of your child's last physical exam that we have recorded in Genesis will be shown. If your child's last physical was completed more than 365 days from the first day of practice, you will need to have a new physical completed for this sports season. Download the Sports Physical Paperwork if your child needs a physical exam.

**Student's Date of Last Physical Exam** (last recorded exam is Tue Aug 07 00:00:00 EDT 2018).


An annual physical examination is required, and must be no older than 365 days in order to participate in sports. If the sport begins 365 or more from the last physical, your child will need to have a new physical and the Pre-Participation Physical Evaluation paperwork will need to be submitted to the Nurse before the sports application is considered complete:

[Click to Download Sports Physical Paperwork](#) 🖱️ (Please click blue words at left to bring up the physical

5. For the next 11 questions which comprise the Health History Update, read and select **'Yes'** or **'No'** from the drop-down for each of the 11 questions. If there are any **'Yes'** answers (except for questions #8 and 9), **please explain** in the explanation box. Finally, select **'Yes'** in the drop-down below question 9 which is your digital signature for the 9 Health History questions:

7) Been hospitalized or had to go to the emergency room?	* No ▼
If yes, explain in detail:	<div style="border: 1px solid gray; height: 60px;"></div>
8) Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble"?	* Yes ▼
9) Started or stopped taking any over-the-counter or prescribed medications?	* Yes ▼
If yes, name of medication(s):	Zyrtec 10 mg for seasonal allergies stopped taking Pulmicort Flexhaler 180 mcg
By selecting 'Yes' in the drop-down at right, I am <b>digitally signing</b> to confirm that I have answered the <b>above 9 questions</b> truthfully to the best of my knowledge:	* Yes ▼

- Click **Sports-Related Concussion / Head Injury Fact Sheet** and read this information with your child. Use the 'Back' arrow (<-) at the top left of your browser to return to the form. Read the information in this section and then click the box to the left of 'Confirm' (a checkmark will appear in the box):

 By checking the box at right, I acknowledge that my child and I have read and understood the information contained in the Sports-Related Concussion / Head Injury Fact Sheet, the Cognitive Testing information, Concussion Education Policy and Return to Play Protocols Information above. I hereby give my consent and agree to my child's cognitive testing and release of information as per what is stated above:

Confirm

- Click on **'CLICK HERE'** under **'SUDDEN CARDIAC DEATH IN YOUNG ATHLETES'** to read the brochure with your child. Use the 'Back' arrow (<-) at the top left of your browser to return to the form. Read the information in this section and then click the box to the left of 'Confirm', like above (a checkmark will appear in the box).
- Click on the words **'CLICKING HERE'** under **'Use and Misuse of Opioid Drugs Fact Sheet'** to read the brochure with your child. Use the 'Back' arrow (<-) at the top left of your browser to return to the form. Read the information in this section and then click the box to the left of 'Confirm', like above (a checkmark will appear in the box).
- Click on the link to the you-tube Educational Opioid Video to watch the video with your child. Use the 'Back' arrow (<-) at the top left of your browser to return to the form. Read the information in this section and then click the box to the left of 'Confirm' (a checkmark will appear in the box).

- Click on the words **'CLICKING HERE'** under **'PREVENTION OF SPORTS-RELATED EYE INJURIES'** to reach the brochure with your child. Use the 'Back' arrow (-) at the top left of your browser to return to the form. Read the information in this section and then click the box to the left of 'Confirm', like above (a checkmark will appear in the box).
- Read the information under **'Asthma Awareness Questionnaire'**. Select **'Yes'** or **'No'** in the drop-down boxes next to the **6 questions** related to asthma. Select one option from the drop-down next to 'The prospective student athlete is' and then check the box to the left of 'Confirm' (a checkmark will appear in the box). If your child has been diagnosed with asthma, please click on the words 'Asthma Action Plan', print, have your doctor complete and return that form to school. Use the 'Back' arrow to get back to the form if you have clicked on the Asthma Action Plan:

💡 The prospective student athlete is:

•

•

•

💡 By checking the box at right, I acknowledge that I have answered the above questions accurately and truthfully and also that if my child has asthma, I will submit an asthma action plan from his/her doctor:

•  Confirm

**If student has been diagnosed with asthma, please click below, print and have your doctor complete the Asthma Action Plan and return to school:**

👉 [Asthma Action Plan](#)

- Under **'Steroid Testing Policy'**, please click to read the **Testing Protocols** and **the list of Banned Drugs**. Use the 'Back' arrow each time to return to the form. Read the **consent to random testing** and agreement listed on the form. Click the box to the left of 'Confirm', like above (a checkmark will appear in the box).
- Read the information under **'EXTRA-CURRICULAR ADVISED CONSENT'**. Please select **'Yes'** from the drop-down if you agree and give this consent:

💡 Being completely aware of everything stated above, by selecting 'Yes' at right below, I hereby give permission for my son/daughter to participate in extra-curricular activities for Moorestown High School or William Allen Middle School.

•

- Type your full name in the box to digitally sign the form. Then type in your child's full name in the next box for them to digitally sign the form.
- Click the green **'Update Answers'** box at the bottom of the form.

15. When your form is submitted, it will have a 'SUBMITTED ON' date. If it has not been submitted yet, it will say 'Not Yet Submitted':

Smith, Zachary William

	FORM	SUBMITTED ON	SUBMITTED BY	FILLABLE FROM	FILLABLE THRU	FOR	REQUIRED FOR ACCESS
1.	2020-21 FALL Sports Registration - Gr 7-12	Not Yet Submitted		7/13/2020	12/31/2020	Zachary	No

Smith, Leila E

	FORM	SUBMITTED ON	SUBMITTED BY	FILLABLE FROM	FILLABLE THRU	FOR	REQUIRED FOR ACCESS
1.	2020-21 FALL Sports Registration - Gr 7-12	7/13/2020	betsy_smithswimmom@yahoo.com	7/13/2020	12/31/2020	Leila	No

16. If you have any questions or problems with the Genesis form, please contact Kate Esaia at [kesaia@mtps.com](mailto:kesaia@mtps.com) or (856) 778-6600 x. 18253