



**Susan Cornelius, Director of Athletics**  
WC East High School  
450 Ellis Lane  
West Chester, PA 19380  
484-266-3925(O) \* 484-266-3879 (F)



Greetings!

The WCASD is excited to announce that the three high schools are now offering the convenience of online PIAA physical registration through FamilyID ([www.familyid.com](http://www.familyid.com)). We will not be accepting hard copies of the physical packet. FamilyID is a secure registration platform that provides you with an easy, user-friendly way to complete the PIAA required CIPPE form to participate in athletics, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs.

**INFORMATION NEEDED TO REGISTER:**

It will be helpful to have the following information handy to allow for accurate completion of your online registration.

- Doctor information
- Health Insurance Information
- Current Physical Exam – dated after June 1, 2017

**REGISTRATION PROCESS:**

A parent/guardian should register by clicking on this link:

<https://www.familyid.com/programs/east-high-school-2017-fall-athletics-registration>

**Follow these steps:**

1. To find your program, click on the link provided by the Organization above and select the registration form under the word *Programs*.
  2. Next click on the green *Register Now* button and scroll, if necessary, to the *Create Account/Log In* green buttons. If this is your first time using FamilyID, click *Create Account*. Click *Log In*, if you already have a FamilyID account.
  3. *Create* your secure FamilyID account by entering the account owner First and Last names (parent/guardian), E-mail address and password. Select *I Agree* to the FamilyID Terms of Service. Click *Create Account*.
  4. You will receive an email with a link to activate your new account. (If you don't see the email, check your E-mail filters (spam, junk, etc.).)
  5. Click on the link in your activation E-mail, which will log you in to FamilyID.com
  6. Once in the registration form, complete the information requested. All fields with a red\* are required to have an answer.
  7. Click the *Save & Continue* button when your form is complete.
  8. Review your registration summary.
- No Payment Required**
9. Click the green *Submit* button. After selecting 'Submit', the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

At any time, you may log in at [www.familyid.com](http://www.familyid.com) to update your information and to check your registration(s). To view a completed registration, select the 'Registration' tab on the blue bar.

**SUPPORT:**

- If you need assistance with registration, contact FamilyID at: [support@familyid.com](mailto:support@familyid.com) or 888-800-5583 x1.
- Support is available 7 days per week and messages will be returned promptly.

Susan Cornelius  
Athletic Director

## SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ ) RP \_\_\_\_\_

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

**Age 10-12:** BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: YES NO (circle one) Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

**CLEARED**  **CLEARED**, with recommendation(s) for further evaluation or treatment for: \_\_\_\_\_

**NOT CLEARED** for the following types of sports (please check those that apply):

COLLISION  CONTACT  NON-CONTACT  STRENUOUS  MODERATELY STRENUOUS  NON-STRENUOUS

Due to \_\_\_\_\_

Recommendation(s)/Referral(s) \_\_\_\_\_

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE \_\_\_\_/\_\_\_\_/\_\_\_\_