

Ryle Athletic Parents,

I wanted to reach out and let you all know that Athletic Forms for the 22-23 School year are now available to be completed via our online system Big Teams. The website is www.planeths.com.

This letter will include step by step instructions on how to create accounts, link accounts together, and complete the forms. Depending on if your child participated in a Ryle Athletic Sport last year, you may just log in and complete the forms for the next year. If they are new to Ryle Athletics, please read the instructions in its entirety. It contains a lot of information and explains how to do everything in detail.

The only two forms are required to be uploaded are the physical exam and medical clearance form of the KHSAA form. The rest of the paperwork can be filled out online. All athletic forms should be filled out prior to your athlete participating in any of the following: open field/gyms, summer workouts, etc. This includes even if your child's physical does not expire anytime soon or if you filled them at the beginning of this year. The 22-23 season is not the same as the 21-22 season, so those forms will not carry over except your physical exam and medical clearance form. If it is not completed, they are not permitted to be participating as it is a liability on Ryle Athletics. All together the forms should take about 15 minutes to complete fill out. This includes your student logging into their account and signing off on the forms after the parents are done with it. Forms aren't complete until both have signed off.

Forms this year include the following:

1. KHSAA Physical Exam (All 6 pages). Only 2 are required to be uploaded to Big Teams.
2. Athletic Handbook
3. St. Elizabeth Right to Treat Form

Every parent and athlete did this last year, so the process should go a lot smoother unless they are new to the system. Those who did not participate in a sport last year, open gym/weights, etc. will not have an account so they will need to create an account using their Boone County school email address. This will likely include middle schoolers, incoming freshman, or anyone who did not participate in Ryle athletics that does not have an account already created for them.

Please make sure you have the emergency contact information filled out. This is how we contact you in case your athlete gets injured.

If your athlete's physical exam does not expire until later in the year or if they just got one at the beginning of 2022 (and participated in a spring sport) it will carry over until it expires. This is one less thing you have to worry about uploading until your athlete's physical expires. The earlier you get your forms completed the less you will have to worry about once your athlete's season comes around.

If you are uploading a new physical, click the physical exam/medical clearance form and click upload a new document. The most important part is that you upload BOTH pages. I can't approve the physical exam form without the medical clearance form because that is the one the doctor signs. If not, it will be declined, and I will send you a message what to fix.

Covid-19 Forms are no longer going to be a thing to participate in Ryle Athletics. This does not include the KHSAA Covid-19 Clearance paperwork if an athlete gets covid. They are still required to be cleared by a physician following their quarantine before completing the 4-6 day return to play protocol set by the KBML and KHSAA.

If you or your athlete have any questions, please reach out to me at jenna.weyer@stelizabeth.com. I will do my best to answer them in a timely manner if they email me prior to June 10th. I will be on vacation from June 10th to July 10th. Anything sent to me after June 10th will be addressed closer to July 7th.

Any questions, please always reach out! Thanks!

Jenna Weyer, MS, ATC, LAT

Certified Athletic Trainer | Ryle High School

Here are step-by-step instructions on how to access and submit our online sport forms.
REMEMBER the first thing you should do is check to see if your student athlete **HAS an account ALREADY created for them**. We use their Boone County School Email Address to run grade reports. **THIS IS VERY IMPORTANT.**

IF so, please skip the steps for student athletes.

IF you create another account for your student, it will be merged with their school account, so be aware of this for future years!!!

Email or Mobile Number: boone county school email (i.e., john.smith@boone.kyschools.us)

Password: bigteams

HOW TO CREATE AN ACCOUNT FOR A STUDENT ATHELTE/PARENT:

Steps for Student Athletes:

Step 1: www.planeths.com and click SIGN UP

Step 2: select student

STEP 3: Fill out the information in step 2 on the site

Sign Up

Step 1

Who is this account being created for?

☒ A student
☐ A parent
☐ A staff or faculty member

Step 2

Provide some details about the student account you're creating. Be sure to provide an official name. For example, Michael Smith-Jones instead of Mike Jones.

First Name (official)

Last Name (official)

Gender
☐ Male
☐ Female

Birthday
 Month Day Year

STEP 4: Please put in your student's **Boone County Email Address** and create your own password for it

Step 3

What credentials will be used for signing in? You may use either an email address or mobile number.

Email or Mobile Number
 john.smith@boone.kyschool.us

Password (8 or more characters)

Confirm Password

Step 4

STEP 5: Type in Ryle High School or make sure Ryle is in the box

Step 4

What school does the student account belong to? Type a few characters and choose from the list of available options.

RYLE HIGH SCHOOL (UNION, KY)

STEP 6: Select **ALL** the possible sports you may be interested in

Step 5

What teams are you interested in participating in?

Sports of Interest

Select the sports you wish to participate in this school year.

<input type="checkbox"/> Archery	<input type="checkbox"/> Baseball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Bowling
<input type="checkbox"/> Competitive Cheer	<input type="checkbox"/> Cross Country (team)
<input type="checkbox"/> Dance	<input type="checkbox"/> Diving
<input type="checkbox"/> E Sports	<input type="checkbox"/> Football
<input type="checkbox"/> Golf (team)	<input type="checkbox"/> Soccer
<input type="checkbox"/> Softball	<input type="checkbox"/> Swimming & Diving (team)
<input type="checkbox"/> Swimming (team)	<input type="checkbox"/> Tennis
<input type="checkbox"/> Track/field (team)	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Wrestling	

STEP 7: Click Sign Up

By clicking *Sign Up*, you agree to our [Terms of Service](#) and [Privacy Policy](#). You may receive SMS notifications from BigTeams (approx. 10 msgs./week). Message & data rates may apply. Text *HELP* to 69274 for additional information or *STOP* at any time to opt-out. Wireless carriers are not liable for delayed or undelivered messages.

[Sign Up](#)

Already have an account?

[Sign In](#)

***** IF IT SAYS THAT EMAIL HAS ALREADY BEEN USED THEN GO BACK TO THE HOME PAGE AND TYPE IN THE BOONE COUNTY EMAIL ADDRESS WITH THE PASSWORD: bigteams *****

STEPS FOR PARENTS:

Step 1: www.planeths.com and click SIGN UP

SIGN IN TO CONTINUE.

Use my Student ID instead

Email or Mobile Number

jenna.weyer@stelizabeth.com

Password [Forgot password?](#)

.....

☐ Keep me signed in

By logging in, you agree to our [Terms of Service](#) and [Privacy Policy](#)

[Sign In](#)

New to Student Central?

[Sign Up](#)

Click on 'Sign Up'

Back

Create an account

STEP 2: Click Parent

Sign Up

Step 1

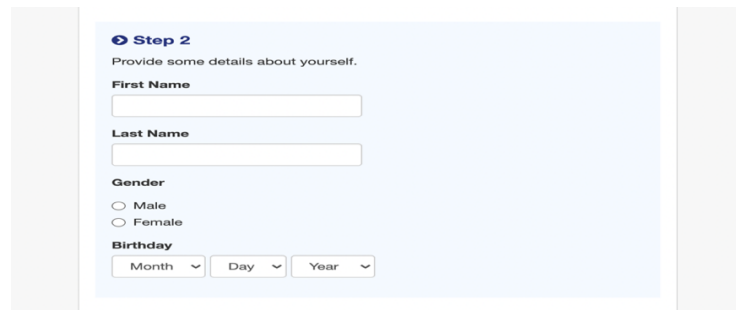
Who is this account being created for?

☐ A student

☒ A parent

☐ A staff or faculty member

Step 3: Fill out the information



Step 2

Provide some details about yourself.

First Name

Last Name

Gender

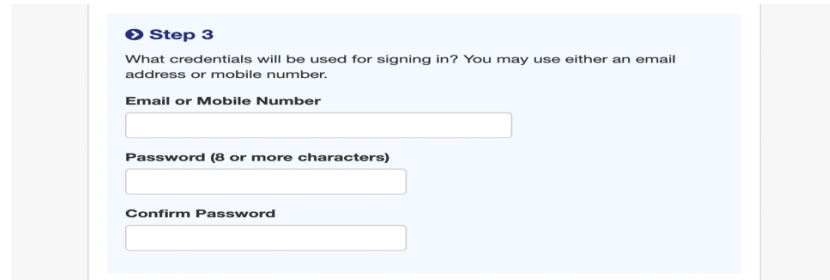
☐ Male

☐ Female

Birthday

Month Day Year

Step 4: create a username and password



Step 3

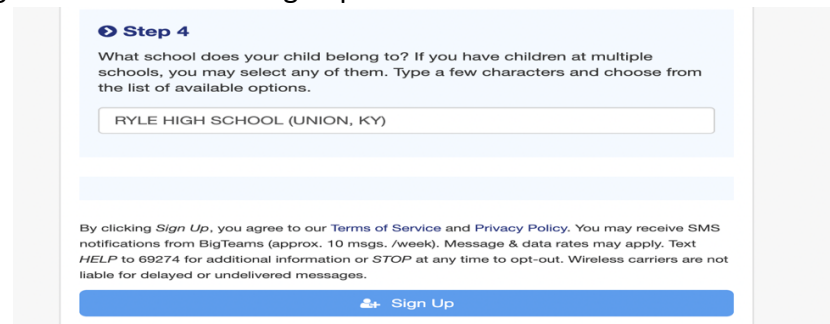
What credentials will be used for signing in? You may use either an email address or mobile number.

Email or Mobile Number

Password (8 or more characters)

Confirm Password

Step 5: Type in Ryle High School and select sign up



Step 4

What school does your child belong to? If you have children at multiple schools, you may select any of them. Type a few characters and choose from the list of available options.

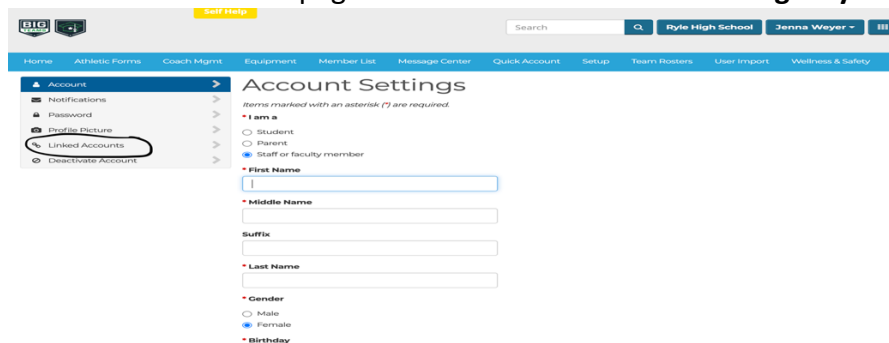
RYLE HIGH SCHOOL (UNION, KY)

By clicking **Sign Up**, you agree to our [Terms of Service](#) and [Privacy Policy](#). You may receive SMS notifications from BigTeams (approx. 10 msgs. /week). Message & data rates may apply. Text **HELP** to 69274 for additional information or **STOP** at any time to opt-out. Wireless carriers are not liable for delayed or undelivered messages.

Sign Up

HOW TO LINK STUDENT ATHLETE ACCOUNT AND PARENT ACCOUNT

STEP 1: Log into Parent Account. This is what the screen should look like once you log in. Click on the **LINKED ACCOUNTS** tab on the left-hand side of the page. **Make sure to fill out the emergency contact information.**



Self Help

Search

Ryle High School Jenna Weyer

Home Athletic Forms Coach Mgmt Equipment Member List Message Center Quick Account Setup Team Rosters User Import Wellness & Safety

Account Settings

Items marked with an asterisk (*) are required.

I am a

☐ Student

☐ Parent

☒ Staff or faculty member

*** First Name**

*** Middle Name**

Suffix

*** Last Name**

*** Gender**

☐ Male

☒ Female

*** Birthday**

Step 2: Put in your student athlete's account username and it will send them a notification to accept the link. They will need to log into their account and accept it.

Home Athletic Forms Coach Mgmt Equipment Member List Message Center Quick Account Setup Team Rosters User Import Wellness & Safety

Account > Notifications > Password > Profile Picture > **Linked Accounts** > Deactivate Account >

Account Linking

Students and parents must have separate accounts for electronically signing the documents necessary for participation in sports. Enter your Student's mobile phone number or email address and we'll send them an invitation to link accounts.

☐ My child is under the age of 13

Email or Mobile Number

Send

HOW TO FILL OUT THE ATHLETIC FORMS:

STEP 1: Click the athletic forms tab at the top hand of the page

Home **Athletic Forms** Coach Mgmt Equipment Member List Message Center Quick Account Setup Team Rosters

Account > Notifications > Password > Profile Picture > Linked Accounts > Deactivate Account >

Account Settings

Items marked with an asterisk (*) are required.

*** I am a**

☐ Student

☐ Parent

☒ Staff or faculty member

*** First Name**

Jenna

*** Middle Name**

Suffix

STEP 2: Scroll to the bottom of the page and look for these forms. They will have a **RED INCOMPLETE** by them. **Make sure you fill out the Athletic Participation Form and Preparticipation Physical History Form via the Big Teams Website.** The Athletic Handbook, Authorization for Release of Health Information, Consent to Participate in School Sport Activities, and COVID-19 Screening Form can be completed online. **All forms must be completed in order to participate in ANYTHING athletic related at Ryle.**

Form
KHSAA - Athletic Participation Form
KHSAA - Preparticipation Physical History Form
KHSAA-Physical Exam
KHSAA - Medical Eligibility Clearance Form
Athletic Handbook Acknowledgement Form
Authorization for Release of Health Information

Step 3: Athletic Participation Form – Fill in everything with an *, Once at the bottom click sign and submit. **Athlete will need to go into their account and click sign/submit at the bottom. Scroll down to complete the rest of the form**

KHSAA - Athlete Participation Form

RYLE HIGH SCHOOL
Grad Year: [REDACTED] Gender: [REDACTED] Date Of Birth: [REDACTED]

Items marked with an asterisk (*) are required.

** To view a PDF in your browser, install/enable a PDF Reader extension/plugin.

Form Requirement(s)

- Required for Athlete Overall Approval.
- Student Athlete Signature Required.
- Parent Signature Required.
- Staff Signature Required.
- Physician Signature Date Required.
- Use of the Previous Year Form is allowed as long as it is not expired.

Print / Upload Here

Parental and Student Consent and Release
For High School Level (grades 9-12) participation

The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.

ATHLETE INFORMATION

(This part must be completed by the student and family)

* Name

[REDACTED]

* School Year

2021

* Home Address (Street, City, State, Zip)

[REDACTED]

Step 4: Pre-Participation History Form – If your physical doesn't expire for a couple months, please this is portion out as if it was your **NEW physical! Click Sign/Submit at the bottom. Athlete will need to go into their account and click sign/submit at the bottom.**

Scroll down to complete the entire form

KHSAA - Preparticipation Physical History Form

RYLE HIGH SCHOOL
Grad Year: [REDACTED] Gender: [REDACTED] Date Of Birth: [REDACTED]

Items marked with an asterisk (*) are required.

** To view a PDF in your browser, install/enable a PDF Reader extension/plugin.

Form Requirement(s)

- Required for Athlete Overall Approval.
- Student Athlete Signature Required.
- Parent Signature Required.
- Staff Signature Required.
- Physician Signature Date Required.
- Use of the Previous Year Form is allowed as long as it is not expired.

Print Version Here

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

* Student's Name

[REDACTED]

Date of Birth

[REDACTED]

* Date of Examination

[REDACTED]

* Sex assigned at birth

[REDACTED]

Step 5/6: Please submit the follow pages in BOTH the Physical Exam and Medical Clearance tabs. IF you can't get them to scanned and uploaded, please email them to me at jenna.weyer@stelizabeth.com.

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN/STATUTORILY AUTHORIZED PROVIDER 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
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 <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 		

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

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KHSAA Form PPE/Physical Exam/History/Physician Clearance (Grades 6-12) - Page 3 of 4 - Rev. 7/19

■ 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: _____

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KHSAA Form PPE/Physical Exam/History/Physician Clearance (Grades 6-12) - Page 4 of 4 - Rev. 7/19

Step 7: Athletic Handbook. This section will require you to click the athletic handbook by READ. Then you will initial your initial in the box. **BOTH you and your athlete must do it for it to be completed.**

Athletic Handbook Acknowledgement Form

RYLE HIGH SCHOOL

Grad Year: [REDACTED] Gender: [REDACTED] | Date Of Birth: [REDACTED]

Items marked with an asterisk (*) are required.

** To view a PDF in your browser, install/enable a PDF Reader extension/plugin.

Form Requirement(s)

- Required for Athlete Overall Approval.
- Student Athlete Signature Required.
- Parent Signature Required.
- Staff Signature Required.
- Physician Signature Date Required.
- Use of the Previous Year Form is allowed as long as it is not expired.

Print / Upload Here

STUDENT-PARENT CONFIRMATION FORM

READ: [Athletic Handbook](#)

student Only

I have received the Ryle High School Student Athletic Handbook for the current school year. I have read and understand the information in this booklet.

Parent Only

Step 8: Authorization for Release of Health Information. Athlete will need to go into their account and click sign/submit at the bottom. Scroll down to complete the entire form

Authorization for Release of Health Information

RYLE HIGH SCHOOL

Grad Year: [REDACTED] Gender: [REDACTED] | Date Of Birth: [REDACTED]

Items marked with an asterisk (*) are required.

** To view a PDF in your browser, install/enable a PDF Reader extension/plugin.

Form Requirement(s)

- Required for Athlete Overall Approval.
- Student Athlete Signature Required.
- Parent Signature Required.
- Staff Signature Required.
- Physician Signature Date Required.
- Use of the Previous Year Form is allowed as long as it is not expired.

Print / Upload Here

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

As (please specify) parent/guardian of [REDACTED] (the "Student"), a student at RYLE HIGH SCHOOL (the "School") in Union, Kentucky, who desires to participate in the following extracurricular athletic program of the school: [REDACTED] (the

"Program"), I understand that in the course of competing in the Program or Program-sponsored events the Student may require attention or assistance from an athletic trainer for illness or injury incurred while participating in such Program-sponsored sporting events. I understand that the School has arranged for St. Elizabeth Healthcare to provide such attention and assistance during certain Program-sponsored events and I authorize Student to receive such attention and assistance. I, the undersigned, hereby authorize St. Elizabeth Healthcare to release all medical information about the Student obtained in the course of providing athletic training attention or assistance during Program-sponsored events to the School and its representatives including, but not limited to, coaches, athletic director, team and/or family physician, for the purpose of making determinations regarding the continued participation of the Student in the Program or Program-sponsored sporting events.

Once everything is submitted if it states pending staff approval that means all documents have been sent to Megan or Myself to be reviewed. If it states **pending student approval**, that means your athlete needs to go into his account and sign/submit the forms.

If you are still having any issues, please feel free to email me at jenna.weyer@stelizabeth.com and I will do my best to help you out.