How to Register One Athlete or Multiple Athletes

1. Start at: https://2024hrhphysicals.my-trs.com/

2. Click Register now:



Thank you for registering for an arrival time for pre-participation physicals. Please use the buttons on the right to begin the registration process. Please plan for the pre-participation exam to take approximately one hour.

Rescheduling a Pre-Participation Physical Exam:

If there is a need to reschedule the pre-participation physical exam to a different time/day, parents/guardians can reschedule the registration online.

Cancellation/Refund Policy:

Cancellations must be completed 24 hours in advance. Requests for a refund due in writing via email to sportsphysicals@hendricks.org 24 hours before the scheme in the sch

Questions?

- If you have any questions email sportsphysicals@hendricks.org.
- The hosting locations/offices are only use of the location and will not be able to answer any questions regarding pre-participation physicals.

Welcome Wesley	

You are signed in.

Logout - Wesley Harris

Not registered for this event yet?

Register Now

Manage your existing registrations and account through your dashboard.

Dashboar

2024 HRH Pre-Participation Physicals

3. Pick 1 timeslot and click "Next"



Activity Selector

Please Select a Date, Location and Arrival Time Below and then click "Next".

If you are registering more than one athlete, complete this registration, and on the confirmation page select Add Another Person

	colapse	+ expand	0 description	8 requirements	access coded	priority	* required for everyone	required for activity group	register	ed	Change Reg Type
+	Pre-Participation Physical Fee								*		1 Debut de
+	Sunday April 21st @ HRH YMCA (301 Satori Pkwy, Avon, IN								0	1 Schedule	
+	Sunday April 28th @ Depauw University (Indoor Tennis and Track									0	Total. \$ 1.00
+	Sunday A	pril 28th	@ Wabas	h College	(Knowling	g Fieldha	ouse)			0	Next
+	Sunday M	lay 5th @	HRH Da	nville Hos	pital (East	Entranc	ce)			0	

4. Create an account:

Regional Health		
Please login or registe Create an Account	r for this event	Log In Email
First Name	Last Name	Password
Password	Confirm Password	Log In
	Register	Forgot Password?

5. Fill out profile for a student:

Registra	Int Type 2 Activity 5	Selector 3 Profile	4 Review	5 Confirm
Veue Desfile				
Your Profile				
	Fiel	lds marked with an * are i	required	
First Name *	valerie			
Last Name *	teet			
Address				
	Line 1 *	Line 2		
	Street Address	Street Address 2		
	Country *	State *		
	Country	Select an Option	•	
	City *	Zip code *		
	City	Zip Code		
Mobile Phone	Mobile Phone Number	You can opt-out of rec messages if you leave	eiving text this field	
		blank. By providing a p number you agree to r text messages (SMS)	eceive from us	
Please use parent Name" above	/guardian name under	r "First Name" and "La	st	
Student's First Name *	Student's First Name			
Student's Last Name *	Student's Last Name			
Contact Phone Number *	Contact Phone Numb	per		
Student's Grade for 2023- 2024 Academic Year *	Student's Grade for 2	2023-2024 Academic Year	•	

Initials

Your Initials

Please initial for an understanding of the cancellation/Refund policy and waiver.

Agree & Confirm

A Printer Friendly (opens in new tab)

System Requirements

Provide your initials 'WH' to continue.

6. Initial cancellation wavier:

ACKNOWLEDGEMENT AND WAIVER

Please initial acknowledging you have read and understand the following:

Consent for Pre-Participation Physical Exam:

As a parent or legal guardian of the named student-athlete, my initials grant consent for Hendricks Regional Health's (HRH) Licensed Athletic Trainer (LAT) and/or attending physician to perform the pre-participation physical exam.

Acknowledgment and Release

1. Lacknowledge that Land my son/daughter knows the risks involved in athletic participation, understand that serious injury, and even death is possible as a result of such participation and I choose to accept any and all responsibility for his/her safety and welfare while participating in athletics.

2. With full understanding of the risks involved, I release and hold harmless the athletic trainers, physicians, and Hendricks Regional Health (HRH) of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against HRH because of any accident or mishap involving the athletic participation of my son/daughter. 3. All information regarding the medical condition of an athlete is considered confidential. However, a copy of the physician

clearance page of the pre-participation physical may be shared with the athletic trainer and athletic department administration to facilitate proper care of the athlete.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I will be provided a copy of the HRH Joint Notice of Privacy Policies, upon my request

Cancellation/Refund Policy:

Cancellations must be completed 24 hours in advance. Requests for a refund due to extenuating circumstances must be in writing via email to sportsphysicals@hendricks.org 24 hours before the scheduled appointment date/time



*If registering only 1 athlete click "continue as Individual" or if adding another athlete click "Add another person" Regional Health P ኘ ୮ 1 Registrant Type 2 Activity Selector 3 Profile 4 Review 5 Confirmation **Review & Check Out** Schedule Summary Items you are registering for now: Pre-Participation Physical Fee Pre-Participation Physical Fee \$1.00 Sunday April 21st @ HRH YMCA (301 Satori Pkwy, Avon, IN 46123) Pre-Participation Exam Arrival Times \$0.00 Apr 21st, 2024 from 09:00 AM to 09:15 AM - HRH YMCA 2. Checkout You can either complete your registration by paying now or skip payment and add another person as part of a group and pay for the group as a whole.

Continue as Individual or Add Another Person

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Click "continue as Individual" and credit card form will pop up. A confirmation email and receipt for the transaction will be sent to the email on file once 'confirm and pay' has been clicked.

Click "Add another person" – it will go back to Step 3. Fill out profile for a student

*Click no email so that both students can be under the same account/email.

1 Registrant Type	2 Activity Selector	3 Profile	4 Review	5 Confirmation	
Your Profile					
	Fields mark	ked with an * are req	uired		
No Email©	Mark this if you do not wish to create a User account with this registration.				
First Name *					
Last Name *					
Student's First Name *	Student's First Name				
Student's Last Name *	Student's Last Name				
Contact Phone Number *	Contact Phone Number				
Please use parent/guardi Name" above	an name under "First Na	me" and "Last			
School System for the 2024- 25 Academic Year *	School System for the 2024-25 A	cademic Year	•		

• Click 'checkout' once all additional person(s) has been added.

If questions please email: sportsphysicals@hendricks.org