

How to Register Online for Interscholastic Athletics Programs

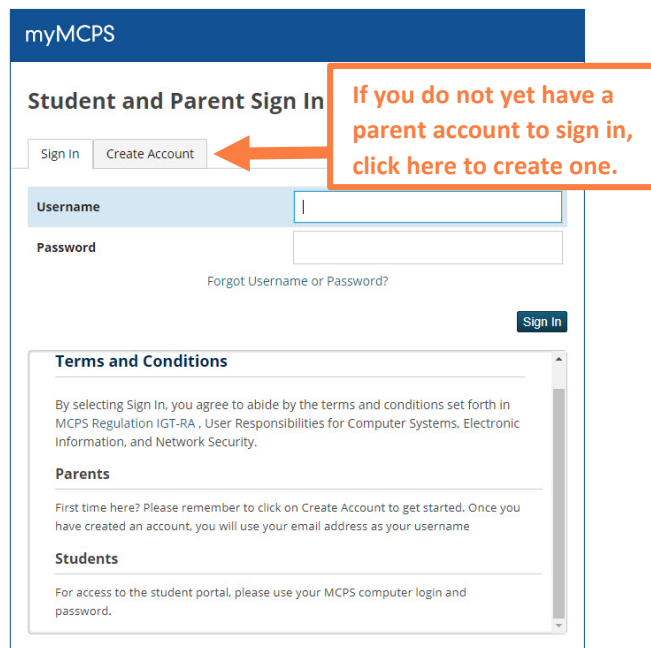
Students who are interested in participating in an interscholastic athletics program must meet eligibility requirements and, before participating in tryouts or practices, must submit the required forms to their school. For each of their high school student-athletes, parents or guardians can complete and submit the required forms online using the myMCPS Parent and Student Portal's Athletic Registration application. Information submitted on the forms transfers from one season to the next. Any updates to the student's emergency information will overwrite existing emergency information in the student's record.

For student safety and security, in the event of a custody issue, instead of using the online Athletic Registration application, parents or guardians must either download the required forms from the [Forms page on the Montgomery County Public Schools Athletics website](#) or contact the student's school to receive a paper copy of the forms. A completed hard copy of the forms must be submitted to the school before the student can participate in tryouts or practices.

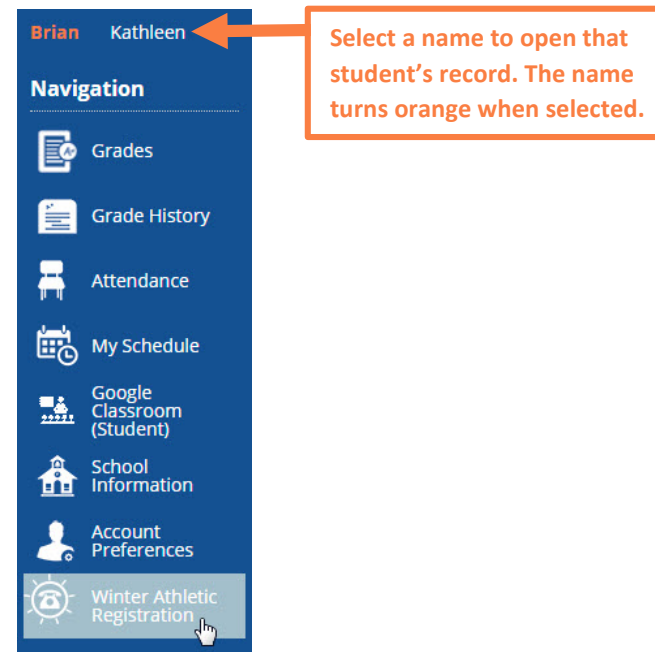
Step 1: Open the Athletic Registration application

Your parent account for accessing the myMCPS Parent and Student Portal also provides access to the Athletic Registration application.

1. Open an Internet browser. (Chrome is recommended.)
2. Go to the myMCPS Parent and Student Portal by entering the following in the address bar: <https://portal.mcpsmd.org>.



3. Enter your username and password and click the **Sign In** button.



4. With the appropriate student record open, on the left navigation menu, select the athletic registration link.

Step 2: Review the instructions for completing the Athletic Registration forms

Welcome Michelle! | [Home](#) | [Save & Log Out](#) | [English](#)

MCPS Montgomery County Public Schools

Winter Athletic Registration (Brian) INTRODUCTION > [Forms](#) > [Review & Submit](#)

Introduction **Main navigation path** [Next >](#)

POOLEVILLE FALCONS

Online Winter Athletic Registration
 Welcome to the Montgomery County Public Schools (MCPS) Winter Athletic Registration. Please follow the steps below to continue.

1. Click "**Next >**" on this page, and enter the information requested on the online forms.
 Note: Required fields are marked with a red asterisk, and the Montgomery County Public Schools (MCPS) will receive the data exactly as it is entered. Please be careful of spelling, capitalization, and punctuation.
2. On the "**Review**" page, check your data before submitting.
3. Click "**Submit!**"
 On the submission confirmation page you will have the opportunity to print out a copy of the Athletic Registration forms to keep for your records. Note: Once the forms are electronically submitted, you will receive an e-mail confirmation.

Changes to the student's responsible adults, emergency contacts, and medical information submitted on the Athletic Registration online screens will update the existing Student Emergency Information in the MCPS system. **Please review data before submitting.**

Winter Athletic Registration for Additional Students
 An Winter Athletic Registration form must be submitted for each student interested in participating in MCPS interscholastic athletics. Once you have successfully submitted one Winter Athletic Registration, return to the myMCPS Parent Portal to begin another form.

[Next >](#)

Introduction

Notice the following at the top of the page:

- **Home** – Click this link to show these options:

Home

Continue a Form in Process
 Winter Athletic Registration 2017-2018 (Brian)
 Started: 10/10/2017
[Continue Your Work](#) | [Cancel](#)

Start a New Form
[Winter Athletic Registration 2017-2018](#)

Continue Your Work – Return to the previous page.

Cancel – Delete any information that you entered so far.

Winter Athletic Registration 2017 - 2018 – After you cancel, restart the registration process for the selected student.

- **Save & Log Out** – Save any information that you entered and log out.
- **English** – View the application in English, or select **Español (Spanish)** to view the application in that language.

Also notice the main navigation path in the dark blue bar. It indicates where you are in the registration process (capital letters) and what remains to be completed. In this case, you are at the introduction and still need to complete the Athletic Registration forms then review and submit them. Click a link in the main navigation path to go to that part of the registration process, the **Next** button to advance one page, or the **Prev** button to go back one page.

Step 3: Complete the Athletic Registration forms

The screenshot shows the 'Winter Athletic Registration (Brian)' page. The breadcrumb trail is: Introduction > FORMS > Review & Submit. Below this, a navigation path is highlighted with a red box and an arrow pointing to the 'Athletic Participation Information' link. The path includes: Forms | ATHLETIC PARTICIPATION INFORMATION > Student > Family > Additional Contacts > Athletics > Medical > Agreements > Athletic Participation Contract > Signature. The main content area is titled 'Athletic Participation Information' and contains sections for Philosophy, Sportsmanship, Student Eligibility Requirements, Hazing, Assumption of Risk, Health and Safety, Communication with Coaches, Electronic Communications, Participation Expectations and Standards, Residency, and Illegal Substances/Alcohol/Tobacco/Steroids/Controlled Substances. A red box highlights the 'Navigation path for forms' at the top. A blue box highlights the 'Athletic Participation Information' section. A yellow box highlights the 'Residency' section. A green box highlights the 'Illegal Substances/Alcohol/Tobacco/Steroids/Controlled Substances' section. The page has '< Prev' and 'Next >' buttons at the bottom right.

Athletic Participation Information

Read the general information on this page about participating in interscholastic athletics programs, including eligibility requirements. Notice the additional navigation path for the Athletic Registration forms. It indicates where you are in the process of completing the forms (capital letters) and what remains to be completed. Click a link in the navigation path to go to that part of the process, the **Next** button to advance one page, or the **Prev** button to go back one page.

For some athletic activities, such as football, wrestling, and track and field, an additional form is added to the navigation path for you to complete. It is added after you [select the activity](#) and proceed to the next page.

Forms | [Athletic Participation Information](#) > [STUDENT](#) > [Family](#) > [Additional Contacts](#) > [Athletics](#) > [Medical](#) > [Agreements](#) > [Athletic Participation Contract](#) > [Signature](#) | [< Prev](#) | [Next >](#)

Athletic Director Code (Admin Use Only)

Student Information

First Name
Middle Name
Last Name
Student's Preferred Name
Date of Birth mm/dd/yyyy
Grade
School
Previous School

Home/Residential Information

Primary Phone xxxxxxxxxxxx
Address where the student resides
City
State
Zip xxxxxx

If the home address or phone number above needs to be updated, please contact the student's school.

[< Prev](#) | [Next >](#)

Student Information

Review the demographic information in your student-athlete's record. Contact the student's school to update this information. *Do not* enter information in the **Athletic Director Code (Admin Use Only)** field.

Forms [Athletic Participation Information > Student > FAMILY > Additional Contacts > Athletics > Medical > Agreements > Athletic Participation Contract > Signature](#) [< Prev](#) [Next >](#)

Parent/guardian Information

Adult responsible for student at student's home address (Contact First)

On the forms, a red asterisk indicates information that you must enter.

* First Name
 * Last Name
 * Relationship to Student
 * Preferred Contact
 Home Phone
 * Cell Phone
 Work Phone
 * Email Address Email address will be used for emergency and event notification
 Check if this responsible adult has no email address.

Adult responsible for student at student's home address (Contact Second)

First Name
 Last Name
 Relationship to Student
 Preferred Contact
 Home Phone
 Cell Phone
 Work Phone
 Email Address Email address will be used for emergency and event notification
 Check if this responsible adult has no email address.

Name of Parent/guardian if other than responsible adult above.

* First Name
 * Last Name
 * Relationship to Student
 * Preferred Contact
 Home Phone
 * Cell Phone
 * Work Phone
 Work Phone Extension Numbers Only
 Does this Parent/guardian reside at the student's home?
 *
 * Email Address Email address will be used for emergency and event notification
 Check if this adult has no email address.

Additional Contact

Check here to add an additional contact.

[< Prev](#) [Next >](#)

Parent/guardian Information

Enter the contact information for the parents, guardians, or other authorized adults who are responsible for your student-athlete day to day. If an adult responsible for the student at the student's home address does not work outside the home, enter for **Work Phone** the home phone number if other than the cell phone number.

When entering this contact information, keep in mind the following:

- For **Relationship to Student**, select a specific relationship instead of **Other**, if possible.
- Do not separate parts of a phone number with spaces or hyphens.
- If you enter a work phone number, a field for entering a work phone extension will show.
- For contacts other than the first two, if you select **No** for **Does this Parent/guardian reside at the student's home address?**, fields for entering the parent/guardian address will show.

Add a contact by selecting the **Check here to add an additional contact** check box at the bottom of the page.

Forms | Athletic Participation Information > Student > Family > ADDITIONAL CONTACTS > Athletics > Medical > Agreements > Athletic Participation Contract > Signature < Prev Next >

Additional Contacts

Emergency contacts when responsible adult(s) already listed cannot be reached. In an emergency that requires the school to release students using parent/child reunification protocol, the school may release the student to these individuals:

Emergency Contact 1

* First Name
 * Last Name
 * Relationship to Student
 * Preferred Contact
 Home Phone
 * Cell Phone
 * Work Phone
 Work Phone Extension Numbers Only

Emergency Contact 2

Person/organization responsible for before school care (If other than responsible adults already listed)

First Name
 Last Name
 Relationship to Student
 Preferred Contact
 Home Phone
 Cell Phone
 Work Phone
 Organization Name

Emergency Contact 3

Person/organization responsible for after school care (If other than responsible adults already listed)

First Name
 Last Name
 Relationship to Student
 Preferred Contact
 Home Phone
 Cell Phone
 Work Phone
 Organization Name

< Prev Next >

Additional Contacts

Enter the requested information about the authorized adults to contact in an emergency if the [parent or guardian contacts](#) cannot be reached. In an emergency that requires the school to release a student using the parent/child reunification protocol, the school may release a student to one of the emergency contacts. Also enter information about the authorized adults who are responsible for the student before and after school.

When entering this contact information, keep in mind the following:

- For **Relationship to Student**, select a specific relationship instead of **Other**, if possible.
- Do not separate parts of a phone number with spaces or hyphens.
- If you enter a work phone number, a field for entering a work phone extension will show.

Forms | [Athletic Participation Information](#) > [Student](#) > [Family](#) > [Additional Contacts](#) > **ATHLETICS** > [Medical Agreements](#) > [Athletic Participation Contract](#) > [Signature](#) | < Prev Next >

Athletics Selection

Please select the sport that your student is interested in participating in during the 2017-2018 School Year.
Please select one sport below.

Winter Sports

- Boys' Basketball
- Girls' Basketball
- Wrestling
- Boys' Swimming and Diving
- Girls' Swimming and Diving
- Boys' Indoor Track and Field
- Girls' Indoor Track and Field
- Cheerleading
- Pompons
- Bocce

< Prev Next >

Athletics Selection

For the upcoming season, select the athletic activity in which the student is interested in participating. According to the [Student Information on the Athletics website](#), “students shall not be permitted to participate in more than one interscholastic sport in one season. If a student leaves one team and has not participated in a contest, he/she may join a second team if the coaches of each team agree. The athletic director must be notified in writing.”

You *must* select an athletic activity before submitting the Athletic Registration forms. For some athletic activities, such as football, wrestling, and track and field, you must complete an additional form, which opens after you select the activity and proceed to the next page.

Forms [Athletic Participation Information](#) > [Student](#) > [Family](#) > [Additional Contacts](#) > [Athletics](#) > [MEDICAL](#) > [Agreements](#) > [Athletic Participation Contract](#) > [Signature](#) < Prev Next >

Student's Medical Information

Authorized Healthcare Provider/Physician

* Name
 * Phone

Dentist/Hygienist

* Name
 * Phone

Health Insurance

* Does the student have Health Insurance?
 Yes No
 Name of Insurance Company

Preferred Hospital

* Preferred Hospital

Physical – Clearance Form

** note the clearance form is the last page of MCPS Form SR-8 [Pre-Participation Physical Evaluation for Athletics](#).

Date of Most Recent Physical on File

* Do you have a copy of your student's clearance form available now for electronic upload into myMCPS?
 Yes – I have the completed clearance form and will upload it now into the system
 No – I will bring a hard copy to the coach prior to the start of tryouts/practices
 No – I acknowledge that my student currently has a physical on file and that is good for one calendar year from the date listed above. My student will obtain a valid physical and submit the new form before this expires to be eligible to continue participation in athletics

Tetanus Shot

Date of Last

Concussion Baseline

Date of Concussion

Health History

* Does the student have an allergy to bee stings?
 Yes No

* Does the student have an allergy to medications?
 Yes No

* Does the student have any other allergies?
 Yes No

* Does the student self-carry an epinephrine?
 Yes No

* Does the student self-carry any other medications?
 Yes No

* Are there any other medical considerations (Seizures, or other problems)?
 Yes No

* Does the student have a health condition?
 Yes No

PRE-PARTICIPATION HEAD INJURY

This form should be completed by the student and the parent/guardian, prior to the start of each season and before participation in any athletic activity.

* Has student ever experienced a traumatic head injury?
 Yes No

* Has student ever received medical attention for a head injury?
 Yes No

* Was student diagnosed with a concussion?
 Yes No

Medications

Does the student have any currently prescribed medicine?
 Yes No

* Is medication being administered by school staff on a continuing basis?
 Yes No

* Does the student have any medication that needs to be administered on the field?
 Yes No

Release for Treatment

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached. I understand that my electronic submission and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Responsible Parent/guardian Agreement

Responsible Parent/guardian Signature

type the Parent/guardian's full name

* Date

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Student's Medical Information

Provide on this form information about the student-athlete's medical providers, health insurance, health history, immunizations, physical exams, and medications. Any updates to the student's emergency information will overwrite existing emergency information in the student's record.

When entering the medical information, keep in mind the following:

- MCPS Form SR-8, *Pre-Participation Physical Evaluation for Athletes*, mentioned in the **Physical – Clearance Form** section, must be completed before a student can participate in interscholastic athletics. The clearance is valid for 1 year for all sports in which the student participates within that time period. You can upload an electronic copy of the form or provide a hard copy to the school. When you select **Yes – I have the completed clearance form and will upload it now into the system**, controls for uploading the form will show.
- At the bottom of the form in the **Release for Treatment** section, select **I agree** to give permission to the attending physician or hospital to administer appropriate medical treatment to the student if you cannot be reached.

Forms [Athletic Participation Information](#) > [Student](#) > [Family](#) > [Additional Contacts](#) > [Athletics](#) > [Medical](#) > [AGREEMENTS](#) > [Athletic Participation Contract](#) > [Signature](#) < Prev Next >

Agreements

Concussion Awareness and Sudden Cardiac Arrest Awareness

I acknowledge that I have read and understand the following:

- [Sudden Cardiac Arrest \(SCA\) Information Sheet](#)
- [Concussion Awareness Information Sheet](#)

* Student Agreement - Select -

* Parent/guardian Agreement - Select -

ImPACT Baseline Concussion Testing Consent

We have read the information provided by the school regarding ImPACT baseline concussion testing and consent to the student undergoing the testing.

We also give our consent to have a retest a multiple retests) from the school. The school will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost.

We understand that a student-athlete must consent. Results of the ImPACT test or can provide valuable information that can understand that there is no cost to parents.

Furthermore, we give permission for the school or other testing physician. If we also understand and teachers, for the purpose of providing t

* Student Agreement - Select -

* Parent/guardian Agreement - Select -

APPROVAL FOR TRIPS - MCPS TRANSPORTATION IS NOT PROVIDED

Please select the transportation arrangement(s) below that you approve for your student.

- MCPS Approved Bus Carrier
- Public Transportation
- Walking
- Riding in a vehicle driven by Parent/guardian
- Riding in a vehicle driven by Staff
- Riding in a vehicle driven by Student

Additional Information

Characters Remaining: 500

Parent/guardian Financial

Montgomery County Public

Cost—Depending on the trip

Payment—Payment may be recommended that you do not returned-check fee. Please a reduced fee, or modified pay

Delay, Change, or Cancellation—Sometimes, when a trip is cancelled. For example, there may always possible, but we will

Additional Cost—If a trip is than anticipated for safety of transportation. If this happens expenses for your child(ren)

Information Regarding Travel Insurance

Travel insurance may help cover costs if the trip is cancelled, delayed, or interrupted, or if you are not able to go on the trip for reasons such as an illness. The cost of travel insurance varies depending on the company and plan you choose. Be aware, however, that travel insurance companies will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost.

Additional Information Regarding Travel Insurance

Although there are many travel insurance providers, the scope and cost of the coverage they provide varies widely. The one consistency, however, is that the cancellation of a school trip by school officials is not a "covered event" under travel insurance policies when the cancellation is purely precautionary. Nonetheless, travel insurance may be helpful should a trip be cancelled, delayed or interrupted due to other causes.

If group travel insurance is unavailable, impractical or inappropriate for a particular trip (e.g. only a small number of students are traveling or the cost of the trip is not substantial), parents may still wish to purchase travel insurance on their own. In such a situation, we recommend that the following statement be included in the letter to parents:

Given your potential financial responsibilities in the event of trip cancellation, delay or interruption, you may wish to consider purchasing travel insurance, which may cover costs arising from such events. The cost of such insurance and the scope of coverage will vary among companies. Please be aware that eligibility to receive cancellation benefits from an insurance company depends upon the circumstances of the trip cancellation. For example, if the school officials canceled a trip, it is most likely that this would not be considered a "covered event" unless it could be proven that cancellation was justified by independent circumstances. But, if the trip was underway and you incurred expenses for additional lodging or transportation, those might be covered. Therefore, we urge you to be sure you understand the scope of your coverage before purchasing any insurance. We do not endorse or recommend any particular insurance company and ask that you handle this on your own. If you are not familiar with companies offering travel insurance, a quick Internet search for "travel insurance" will provide you with numerous names.

Approval for Trips

* Parent/guardian Approval

I give permission for my child to participate in this athletic activity.

I do NOT give permission for my child to participate in this athletic activity.

* I would like to volunteer to chaperone field trips.

Yes

No

Please be advised that all volunteers must complete online training on the prevention, recognition, and reporting of child abuse and neglect. Volunteers for extended-day, out-of-area, and overnight field trips must also undergo finger printing and criminal background checks.

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Agreements

- Concussion Awareness and Sudden Cardiac Arrest Awareness** – Both you and your student-athlete must select **I agree** to acknowledge that you have read and understand the concussion and sudden cardiac information on the [Concussions, Baseline Testing, and Sudden Cardiac Arrest page on the Athletics website](#).
- ImPACT Baseline Concussion Testing Consent** – Student-athletes must undergo baseline testing at least once every 2 years. Both you and your student-athlete must select **I agree** to acknowledge your understanding of the purpose of baseline testing, consent to the student undergoing the testing, give permission to release testing results to health care providers, and give permission to share general information about the test data with school staff for providing any temporary academic modifications needed after a concussion.
- Approval for Trips** – Select an option to indicate if you give permission for your student-athlete to participate in the [selected interscholastic athletics program](#) using the transportation arrangements that you approve in this section. Also select an option to indicate your willingness to volunteer as a chaperone for the athletic activity.

Forms | [Athletic Participation Information](#) > [Student](#) > [Family](#) > [Additional Contacts](#) > [Athletics](#) > [Medical](#) > [Agreements](#) > **ATHLETIC PARTICIPATION CONTRACT > Signature** | < Prev | Next >

STUDENT-Parent/Guardian ATHLETIC PARTICIPATION CONTRACT AND PARENT PERMISSION FORM

Parent/guardian and Student-Athlete: Review this contract carefully, complete information as requested, affix signatures, and submit the completed contract/permission as part of the online Athletic Registration form.

Stipulations
We have received and read the Student-Parent Athletic Participation Information. Based on this information, we understand and stipulate to the following. I/We:

- Understand the eligibility regulations required for participation and affirm that all eligibility requirements have been satisfied, including age, residence, and academics.
- Understand that participation of ineligible players will result in individual and team sanctions, including forfeits for the team.
- Affirm that the student will exert effort to maintain a high level of academic achievement.
- Understand that there is potential for serious, catastrophic, or life-threatening injury associated with participation in a sport.
- Acknowledge receipt and review of safety and health information made available by the school system, including information regarding concussions, MRSA, hygiene, heat acclimatization, hydration, steroids, and sudden cardiac arrest.
- Affirm that the student shall not participate in hazing at any time, of any nature.
- Shall exhibit, as a participant or spectator, a high level of sportsmanship at contests.
- Shall follow appropriate procedures in communicating concerns to coaches.
- Affirm that the student will abide by all team and participation standards.
- Shall utilize appropriate, positive use of technology, including social media and other electronic communications.
- Affirm that the student shall not use steroids, illegal drugs, alcohol, or tobacco unless medically prescribed for a specific condition or illness.
- Shall allow certified athletic trainers contracted by MCPS to administer emergency and first aid care to the student, as allowed by the Code of Maryland Regulations (COMAR), the National Athletic Trainers Association (NATA), the Maryland Board of Physicians, and Board policies and MCPS regulations.

Residency Verification
In order to be eligible, students must be legally enrolled at a school designated by the school system based on their legal primary address. Please respond to the following residency questions:
The student resides at

* Address where the student resides

* City

* State

* Zip

This residence is within the boundaries of

* The student resides at this residence with a Parent/guardian.
 Yes No

* My current address is the same as last year.
 Yes No

* I have only played at my current school.
 Yes No

* I agree to notify the coach / school of any changes in residence.
 Yes No

Student-Parent/Guardian Athletic Participation Contract and Parent Permission Form

You and your student-athlete must review the information on this form and verify the student's legal primary address. You give permission for your student-athlete to participate in the [selected interscholastic athletics program](#) by providing your [electronic signature](#) on the next page.

Permission to Participate

I/We hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. I/We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by MCPS in its athletic program, and the benefits derived by our child from participation, I/We agree to release and hold harmless the Montgomery County Board of Education, its members, the superintendent of schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees, as well as entities that provide training to MCPS coaches and/or athletes as part of the school system's athletic program, and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child's participation in interscholastic athletics.

I/We hereby give our consent and authorize the Montgomery County Board of Education and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to administer emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

Each year, MCPS makes available a student accident insurance policy at a nominal premium. This insurance is secondary to the family's own insurance. Because accidents will inevitably occur despite our best efforts to maintain a high level of safety in all student activities, this insurance coverage is recommended unless the family deems that other insurance coverage (in force) will meet the needs of the student. The student accident insurance policy is available at the beginning and throughout the school year. The coverage may be obtained from the insurance carrier. Forms are available at the school.

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Forms | [Athletic Participation Information](#) > [Student](#) > [Family](#) > [Additional Contacts](#) > [Athletics](#) > [Medical](#) > [Agreements](#) > [Athletic Participation Contract](#) > SIGNATURE | < Prev Next >

Electronic Signature

I understand that my electronic submission of these forms and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

My signature indicates that the registration information I have provided is complete and accurate to the best of my knowledge.

As parent(s)/guardian(s) my child and I have carefully reviewed the Student- Parent/guardian Athletic Participation Information and the Student/Parent/guardian Athletic Participation Contract and Parent/guardian Permission Form. I/We understand the conditions for participation in the MCPS interscholastic athletic program, and I/we understand that there are inherent risks associated with participation.

I/We agree as follows:

- My child has my/our permission to participate in the Boys' Swimming and Diving program at Poolesville HS.
- I/We understand and conform to all of the statements in the Stipulations portion of the Contract.
- I/We I have responded truthfully and accurately to the questions in the Residency portion of the Contract.

Responsible Parent/guardian 1 Agreement

Responsible Parent/guardian 1 Agreement
* - Select - ▾

Responsible Parent/guardian 1 Signature
* type the Parent/guardian's full name

* Date mm/dd/yyyy

* Relationship to student - Select - ▾

Responsible Parent/guardian 2 Agreement

Responsible Parent/guardian 2 Agreement
- Select - ▾

Responsible Parent/guardian 2 Signature
 type the Parent/guardian's full name

Date mm/dd/yyyy

Relationship to student - Select - ▾

Student Agreement

* Student Agreement - Select - ▾

* Student Signature type the Student's full name

* Date mm/dd/yyyy

< Prev Next >

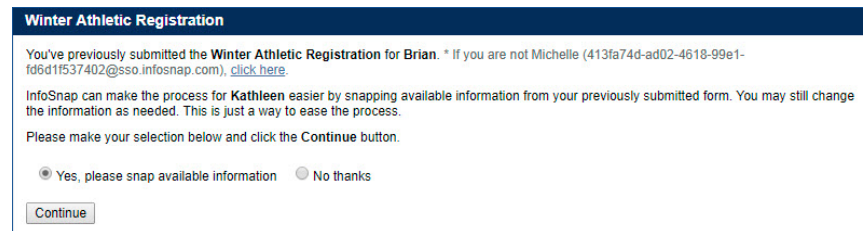
Electronic Signature

You must provide your electronic signature to attest to the accuracy of the information that you are submitting on the Athletic Registration forms and to give permission for your student-athlete to participate in the [selected interscholastic athletics program](#). Click the **Next** button to [review and submit](#) information entered on the Athletic Registration forms.

Step 4: Review and submit the Athletic Registration forms

1. On the Review & Submit page, review the information that you entered on the Athletic Registration forms.
2. To edit or provide additional information, do the following:
 - a. Click in a field to open the form on which that information is entered.
 - b. Make the necessary changes to the form.
 - c. Click the **Continue** button to return to the Review & Submit page.
3. After you have reviewed the forms and made any necessary changes, click the **Submit** button.

4. At the top of the page, click **Save & Log Out**.
5. To register another one of your student-athletes for an athletic activity, do the following:
 - a. Return to the myMCPS Parent and Student Portal.
 - b. On the left navigation menu, select the name of the other student-athlete then select the athletic registration link (as shown in [step 1](#)).



After you submit, the forms will be sent to the school and you will no longer be able to edit them. The Submission Confirmation page will open, allowing you to print the information that you submitted.

- c. Select an option to indicate if you want to copy information that you submitted for the other student-athlete to the registration for the student-athlete you are registering. You can change the information that is copied.
- d. Click the **Continue** button to proceed with registration.

