#### How to register if already started an account:

1. Click Login and use previous login credentials. (https://2024hrhphysicals.my-trs.com/)



 The hosting locations/offices are only use of the location and will not be able to answer any questions regarding pre-participation physicals.

### 2. Click on Dashboard



## 3. Click "view schedule"

<ul><li>Registrations</li><li>Account</li></ul>	Events you signed up fo	Individual Registrations	Group Leader Registrations
<ul> <li>Logout</li> <li>System</li> <li>Requirements</li> </ul>	HRH Biometric Wellness Screening Nov 13th, 2018 - Jan 1st, 2050 Edit Profile View Schedule You opted out of accepting the terms & conditions for this site.	2024 HRH Pre-Participation Physicals Apr 21st, 2024 - May 5th, 2024 Edit Profile View Schedule You accepted the terms and conditions on Thu Feb 15 2024 02:48 PM. <u>View &amp; Print</u>	
	Available Events 2023 HRH Associate Volunteer Opportunities Jan 1st, 2023 - Dec 31st, 2023 Register	2023 HRH Pre-Participation Physicals Apr 2nd, 2023 - May 7th, 2023 Register	
	Continue Registration 2024 HRH Pre-Participation Physicals Agr 21st, 2024 - May 5th, 2024 Checkout View Guests	2024 HRH Pre-Participation Physicals Apr 21st, 2024 - May 5th, 2024	

4. From there you can add another person or change your schedule (pick a different timeslot)

\*NOTE if wanting to pick a different time, you must click "REMOVE" before clicking "modify schedule" to chose a different time.



How to register if already started an account:

### 5. Pick 1 timeslot and click "Next"



6. Fill out profile for a student \*You can click no email so that both can be under the same account

1 Registrant Ty	pe 2 Activity Selector	3 Profile	4 Review	5 Confirmation
Your Profile				
	Fields mar	rked with an * are requ	iired	
	Mark this if you do not wish to create a User account with this registration.			
Email				
First Name *				
Last Name *				
Address				
	Line 1 * Street Address	Line 2 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 receiving messages if you leave this	a text field	
		blank. By providing a phone number you agree to receiv text messages (SMS) from	e us.	
Please use parent/gua Name" above	ardian name under "First	t Name" and "Last		
Student's First Name *	Student's First Name			
Student's Last Name *	Student's Last Name			
Contact Phone Number *	Contact Phone Number			
Student's Grade for 2023- 2024 Academic Year *	Student's Grade for 2023-2024	•		

### 7. Initial cancellation wavier:

ACKNOWLEDGEMENT AND WAIVER	Please initial for an cancellation/Refund
Please initial acknowledging you have read and understand the following:	Provide your initials
Consent for Pre-Participation Physical Exam:	Initials
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.	Your Initials
Acknowledgment and Release	Agree
<ol> <li>I acknowledge that I and 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.</li> </ol>	
2. With full understanding of the risks involved, I release and hold harmless the athletic trainers, physicians, and Hendricks Regional	🚔 Printer Friendl
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.	System Requ
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.

# 8. Check out or register additional child:

\*If registering only 1 athlete click "continue as Individual" or If adding another athlete click "Add another person"

1 Re	egistrant Type 2 Activity S	Selector 3 Profile	4 Review	5 Confirmation
Review & Cheo	ok Out			
Almost there l				
Please confirm any requi				
Schedule Sum	imary			
ems you are regis	stering for now:			
Pre-Participation P	hysical Fee			
Pre-Participation Physi	cal Fee			\$1.00
Apr 28th, 2024 from	10:30 AM <b>to</b> 10:45 AM - DePauw	University (Indoor Tennis & Track	( Center)	Remove
Apr 28th, 2024 <b>from</b>	10:30 AM to 10:45 AM - DePauw	Jniversity (Indoor Tennis & Track	< Center)	Remove
Add Items				
2. Checkout				
Guests in this grou	:qL			
Name	Email	ID	Status	
Wesley Harris	wes@harris-online.org	219444	4 complete	3
WES HARRIS		219447	1 incomple	te Remove

lease initial for an understanding of the	
ancellation/Refund policy and waiver.	
Provide your initials 'WH' to continue.	

Agree & Confirm

Printer Friendly (opens in new tab)
 System Requirements

How to register if already started an account:

IF you Click "continue as Individual" credit card information form will pop up to fill out and you can click "confirm and pay". You should receive a confirmation email and receipt for the transaction.

IF you click "Add another person" – it will take you back to Step 3: choose school district. Multiple registrations must be the same school district.

• You can continue to add another person until you have each individual child registered. At that point click "checkout"

If questions, please email: SportsPhysicals@hendricks.org