

# STEELE ATHLETIC TRAINING

3:45pm-5:15pm

Sign in at Steele gym foyer



# Physicals-May 1, 2024

**\$20-PRE-REGISTER**  
myschoolbucks (non-refundable)

**ATTENTION:** Starting 2020, **ALL** physicals done with SCUC will include an August Heart screening which is included in the \$20 payment. This is **ONLY** for athletes entering and currently in high school, Please see the August heart flyer for more information and release form signatures.

## Forms/Signatures needed

- Physical Exam Release form signed
- August Heart form signed.(students entering high school)
- Medical History-filled out and signed.
- **ONLINE** forms filled out at [rankonesport.com](http://rankonesport.com)



## ONLINE FORM INSTRUCTIONS

1. Go to: [schertzcibo-lo.rankonesport.com](http://schertzcibo-lo.rankonesport.com)
2. Click on "CLICK HERE."
3. Click on Continue as guest or Login if you have an account.
4. Click on Athletic Participation Forms.
5. Fill out name, ID number, and school attending.
6. Fill out all information requested, leaving no boxes unchecked.
7. Electronically sign the form
8. Enter email address and submit

### Notes:

~Payments can be made on [myschoolbucks.com](http://myschoolbucks.com)

~Physical **sign in** ends by **5:15pm** so please show up on time.

## Frequently Asked Questions.

### Where can I get the UIL forms?

The coaches and front offices at Jordan and Schlather Intermediate Schools, Dobie Junior High School, and Steele High School will have the release and medical history form. You can also get them online by going to [www.rankonesport.com](http://www.rankonesport.com) or [www.scuc.txed.net](http://www.scuc.txed.net)

### Who needs a physical?

SCUCISD mandates that all students participating in Athletics during the 2024 - 2025 School Year obtain a physical before participation in any athletic class, practice, or game. Any athlete entering 7th-12th is welcome to attend pre-season physicals.

~Traffic at Steele High School is very congested from 4:05 to 4:25. Please plan accordingly.

~Dr. Peter Holmes is the SCUCISD team physician.

### What should be brought/worn to the physicals?

The physical exam release and August Heart forms signed, as well as the medical history form and the \$20.00 payment must be paid via myschoolbucks by each student wanting a physical. Tee-shirt and shorts (sports bras for females) are preferred for physicals.

### Who Gets Completed Packets?

Packets completed on physical day will be taken up on site and kept at the high school. Physicals **NOT** done on this day will need to be turned in to the athletic trainers (Coach Culbertson and Coach Schwertner). Junior High forms NOT done on this day should be

Main number: 210-696-9000

San Antonio office:  
9150 Huebner Road,  
Suite 200

Schertz office: 6051  
FM 3009 Suite 260



turned in to the Junior High coaches.

### Will transportation be provided to the physicals?

Students will be bused from Dobie to the physicals at Steele. Dobie students should be finished with physicals by 6:30ish. Please be understanding as times may fluctuate. All students will wait for their parents by the **concrete bleachers at the Steele field**. Phones will be made available for student use if needed.

### Contact information:

Coach Schwertner:  
[dschwertner@scuc.txed.net](mailto:dschwertner@scuc.txed.net) or  
[scuc.txed.net](http://scuc.txed.net)  
Coach Culbertson:  
[kculbertson@scuc.txed.net](mailto:kculbertson@scuc.txed.net)  
619-4054/4049

Signatures required on back page



CURRENT SCHOOL: \_\_\_\_\_



### Pre-Participation Physical Exam Release

#### RELEASE AND ACKNOWLEDGEMENT FOR STUDENTS UNDER EIGHTEEN YEARS OF AGE

On behalf of \_\_\_\_\_ (the patient), I, \_\_\_\_\_, the patient's parent, managing conservator, legal guardian, or other person with legal responsibility for the care of the patient acknowledge:

(A) That the licensed and duly credentialed physician providers of Sports Medicine Associates of San Antonio (SMASA), any resident or fellowship trained physicians assisting them, the health care practitioner(s), and any physician assistant, athletic trainer or nurse practitioner assisting each of them are conducting a physical examination or medical screening that is not administered for or in expectation of compensation; and

(B) the health care practitioner is immune from civil liability for any act or omission resulting in the death of or injury to the patient from or in connection with the physical examination or medical screening being performed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.



\_\_\_\_\_  
Name Printed:

Scan the QR: Email Address and School

\_\_\_\_\_  
Signature:

#### RELEASE AND ACKNOWLEDGEMENT FOR STUDENTS OVER EIGHTEEN YEARS OF AGE

I, \_\_\_\_\_, (the patient) acknowledge:

(A) That the licensed and duly credentialed physician providers of Sports Medicine Associates of San Antonio (SMASA), any resident or fellowship trained physicians assisting them, the health care practitioner(s), and any physician assistant, athletic trainer or nurse practitioner assisting each of them are conducting a physical examination or medical screening that is not administered for or in expectation of compensation; and

(B) the health care practitioner is immune from civil liability for any act or omission resulting in the death of or injury to the patient from or in connection with the physical examination or medical screening being performed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.



\_\_\_\_\_  
Name Printed:

Scan the QR: Email Address and School

\_\_\_\_\_  
Signature: