

Aktivate instructions

If you need to create new account:



Registration Instructions for Parents

Go to www.aktivate.com

Click **Login**

Click **Create an Account**

(You only need ONE account, even if you have children in more than one high school and/or junior high; Do Not create another account if you have used Aktivate or Register My Athlete in the past)

Fill in personal account information

(This should be the Parent/Guardian personal information)

You will be using the site as a **Parent**

Click **Create Account**

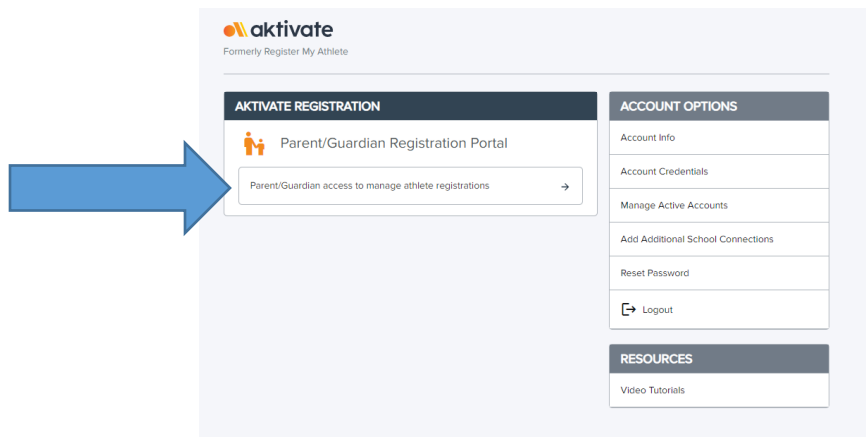
Lastly, input the account **Verification Code** that you'll receive via email to confirm your account

Please Note: *You will need to open another tab (do not close your current tab) and find the verification email in your email inbox (it may take a few minutes to appear, so be patient). You can copy and paste the code into the pop-up or directly type into it.*

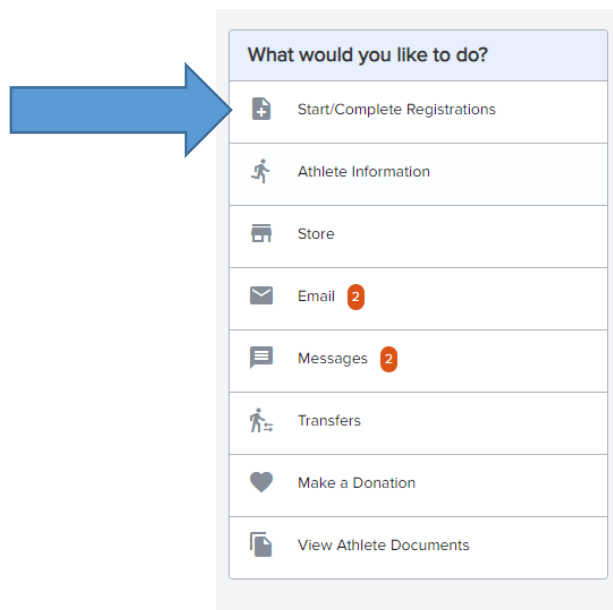
Then, follow instructions on following pages: (if you already have an account, ignore this page)

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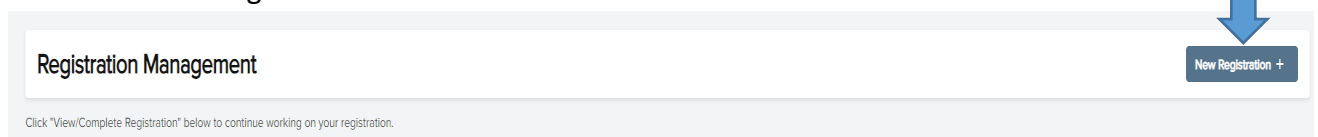
1. Log in to aktivate (aktivate.com)
2. Click “parent/guardian access to manage athlete registration”



3. click start/complete registration



4. Click new registration



5. Choose Naples high as your school
6. Choose your name (or add athlete if creating new account)
7. Choose 2026-2027 for registration year
8. Choose all sports you are interested in for school year

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- a. Make sure to select “girls volleyball”
 - b. Even if you aren’t 100% sure on other sports, choose them anyway to get yourself cleared way ahead of time
9. Click “I have selected the correct info”
 10. “read” all 4 electronic documents and agree to them
 11. Answer custom question
 12. Upload updated physical if needed (see last page for free physical info)
 13. **Important:** physical will be denied and required to be resubmitted if any of the following are missing:



PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
This form is valid for 365 calendar days from the date of exam.

EL2

Revised 2/25

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) print legibly

Student's Full Name: _____ Biological Sex: ____ Age: ____ Date of Birth: ____/____/____
School: _____ Grade in School: ____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp (if required by school)

Medications: (use additional sheet, if necessary)

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: (explain below, use additional sheet, if necessary)

Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Other

Explain: _____

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test.

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction after clearance by medical specialist for: _____

(If this option is checked, additional medical follow-up and clearance prior to sports participation is required. Use EL2 Page 5 for documentation.)

Medically eligible for only certain sports as listed below: _____

Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary)

In accordance with §1006.20(2)(c), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board and that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____/____/____

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

This form is not considered valid unless all sections are complete.

14. Once everything is complete, make sure to do final e-signature and wait to be cleared by athletic office

Make sure this box is checked

MUST have both student and parent signature and dated

Must have this top portion completely filled out

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FREE SPORTS PHYSICALS

GULF COAST & NAPLES HIGH SCHOOL

MAY 30, 2026 8:30 AM- 12:00PM

Attention ALL current and incoming HIGH SCHOOL students, ORTHOCOLLIER will be providing FREE sports physicals for the upcoming 2026-2027 school year. You must bring a signed consent form and a copy of the FHSA EL2 Form, also known as your sport physical. EVERYTHING EXCEPT the bottom section of pages 3&4 MUST be completed and signed by a parent /guardian. Athletes with no consent form and incomplete paperwork will be turned away. Please plan to attend the location where your high schools has been assigned. Parents WILL NOT be permitted in the building at the time of the physical.

You will be responsible for keeping a copy of your physical to upload to Aktivate. SCHOOLS WILL NOT BE KEEPING COPIES OF THESE PHYSICALS.

GULF COAST HIGH SCHOOL

- Gulf Coast
- Golden Gate
- Palmetto Ridge
- Aubrey Rogers

NAPLES HIGH SCHOOL

- Naples High
- Barron Collier
- Lely
- Everglades City



**Scan here for all
REQUIRED
documents**

