

## INSTRUCTIONS FOR FILLING OUT ON-LINE PHYSICAL FORMS:

You will need your doctor's and dentist's contact information such as phone number (required) and address (optional).

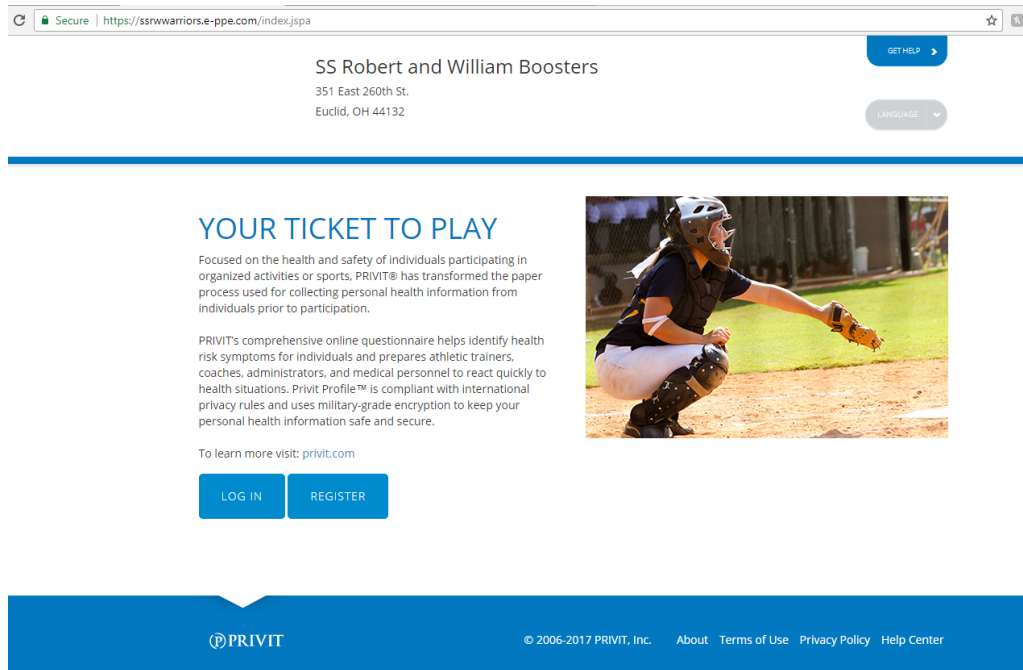
Also have your health insurance card handy as well as you will need to enter the group number, effective date, and policy number for your children.

Click on the link below or copy the following website to your browser:

<https://ssrwarriors.e-ppe.com/index.jspa>

You will be at the login page.

If you don't have an account, click Register and create an account.



The screenshot shows a web browser window with the URL <https://ssrwarriors.e-ppe.com/index.jspa>. The page header includes the organization name "SS Robert and William Boosters" and the address "351 East 260th St. Euclid, OH 44132". There are "GET HELP" and "LANGUAGE" buttons in the top right. The main content area features the heading "YOUR TICKET TO PLAY" and a paragraph explaining PRIVIT's focus on health and safety. Below this is a photograph of a baseball catcher in a crouching position. Further down, there is a paragraph describing PRIVIT's online questionnaire and its compliance with privacy rules. At the bottom of the main content area are two buttons: "LOG IN" and "REGISTER". The footer contains the PRIVIT logo, copyright information "© 2006-2017 PRIVIT, Inc.", and links for "About", "Terms of Use", "Privacy Policy", and "Help Center".

Once you have created an account, this is what your home page will look.

Click on Add Member as shown below:



LARRY CLEMENTE

Larry D Clemente

Your Account

ADD MEMBER

ACCOUNT SETTINGS

ATHLETE SIGNATURES

You will be prompted to enter the information below. Create an account for one of your children. Choose “Enable login” if you wish your child to have their own login ID and create an electronic signature. They will have to have their own email address. If this option is not chosen, they can create an electronic signature under your login ID.

Then click on Add Member

Home / Add Member

ADD MEMBER

First Name\*

Middle Initial

Last Name\*

Date of Birth\*

Gender\*  Male  Female

Enable Login

ADD MEMBER CANCEL

Do not add all of your children at once. There will be an opportunity to copy the data from one child to another, once the first child is added and all of his information is entered.

Click on the name of your child as shown below:



This screenshot shows a user profile page for 'Larry D Clemente'. On the left, there is a vertical list of users: 'LARRY CLEMENTE' (selected), 'LILY CLEMENTE', and 'ADD MEMBER'. A red circle highlights this list. The main content area shows 'Your Account' with two blue buttons: 'ACCOUNT SETTINGS' (with a gear icon) and 'ATHLETE SIGNATURES' (with a pencil icon).

Click on the Start button next to Personal Details as shown below:

This screenshot shows a user profile page for 'Lily M Clemente'. The top right has a red 'EMERGENCY INFO' button. Under 'Your Information', there are five rows, each with a blue 'START' button. The first row is 'PERSONAL DETAILS' (INCOMPLETE) with a progress bar at 0%. A red circle highlights the 'START' button for 'PERSONAL DETAILS'. The other rows are 'EMERGENCY MEDICAL AUTHORIZATION', 'REGISTRATION FORM', and 'HEALTH HISTORY FORM', all marked as 'INCOMPLETE'. The fifth row is 'JOINED TEAMS' with an 'UPDATE' button. At the bottom, under 'Your Account', there are 'PRINT DOCUMENTS' and 'MANAGE DOCUMENTS' buttons.

Fill out the fields as shown below:

Required fields have an asterisk and are identified in red.

Click on Save & Exit to allow you to save your entries. Click on Next when you have filled out all of the fields and want to move onto the next section.

1 PERSONAL INFORMATION 50% (SECTION 1 OF 6) **PERSONAL INFORMATION** NEXT

2 PRIMARY INSURANCE 6%

3 SECONDARY INSURANCE 100%

4 DENTAL COVERAGE 0%

5 FAMILY PHYSICIAN 0%

6 EMERGENCY CONTACTS 0%

**First Name:\*** Lily **Middle Initial:** M **Last Name:\*** Clemente

**Date of Birth:\*** 11/20/2016

**Sex:\***  Male  Female

**Primary Address**

**Address:\***  **Apt.:**

**City:\***  **State:\***

**Zip Code:\***  **Country:\*** United States

**Primary Phone #:\***  **Secondary Phone #:**  **Other Phone #:**

\* An asterisk indicates that an answer is REQUIRED for COMPLETION

SAVE & EXIT CANCEL NEXT

The form will show as below when all of the personal details are completed:

**LARRY CLEMENTE** **Lily M Clemente** EMERGENCY INFO

**LILY CLEMENTE**

**SAMUEL CLEMENTE**

+ ADD MEMBER

**Your Information**

**COMPLETE PERSONAL DETAILS 100%** UPDATE

**INCOMPLETE EMERGENCY MEDICAL AUTHORIZATION** START

**INCOMPLETE REGISTRATION FORM** START

**INCOMPLETE HEALTH HISTORY FORM** START

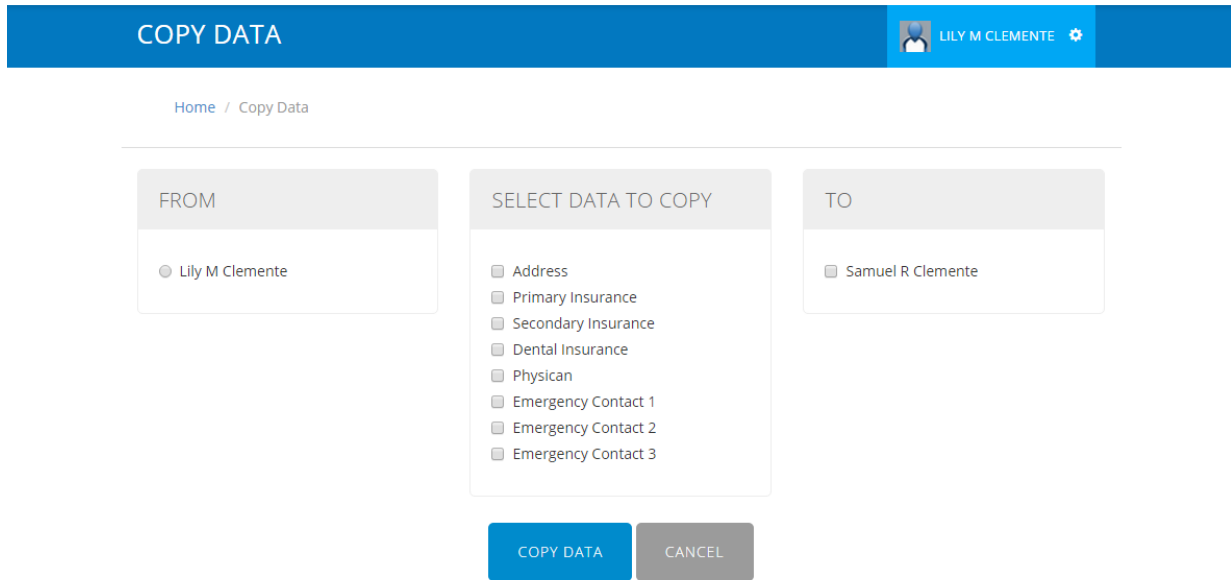
**JOINED TEAMS** UPDATE  
You have not yet joined any teams of Mater Dei Academy.

**Your Account**

PRINT DOCUMENTS MANAGE DOCUMENTS

ACCOUNT SETTINGS ATHLETE SIGNATURES

You can then add your other children by clicking on Add Member, entering their name and birthdate. The following window will pop up when you go to save allowing you to copy the data from one child to another.



**COPY DATA** LILY M CLEMENTE

Home / Copy Data

**FROM**

Lily M Clemente

**SELECT DATA TO COPY**

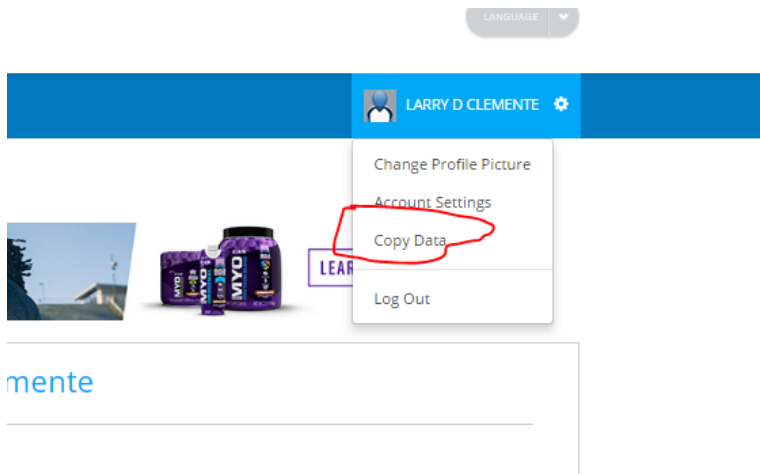
- Address
- Primary Insurance
- Secondary Insurance
- Dental Insurance
- Physician
- Emergency Contact 1
- Emergency Contact 2
- Emergency Contact 3

**TO**

Samuel R Clemente

COPY DATA CANCEL

If you don't choose to copy the data, you can do this at a later date by clicking in the upper right hand corner as follows and click on Copy Data.



You will need to join a team

LARRY CLEMENTE

Lily M Clemente

EMERGENCY INFO

Your Information

INCOMPLETE PERSONAL DETAILS 0% START

EMERGENCY MEDICAL AUTHORIZATION INCOMPLETE START

REGISTRATION FORM INCOMPLETE START

HEALTH HISTORY FORM INCOMPLETE START

JOINED TEAMS UPDATE

You have not yet joined any teams of Mater Dei Academy.

Your Account

PRINT DOCUMENTS MANAGE DOCUMENTS

ACCOUNT SETTINGS ATHLETE SIGNATURES

Options

Click on the square button to the left of your child's team and then click on Done. Teams may or may not have coaches names listed.

	Team Type ▲	Description ◆	Year ◆	Coaches	Medics
<input checked="" type="checkbox"/>	MDA CYO	All Athletes	2017/2018		

Done

You now need to fill out the remaining forms as follows:

These forms cannot be saved midway so plan to complete each of the forms in one sitting.

Click on START next to each of the remaining buttons and fill out the fields.

Required fields have an asterix and are identified in red.

When the fields are filled out, there will be a SUBMIT button at the bottom.

NAME OF PARENT / GUARDIAN:<sup>\*</sup>

Alisa Clemente

**MEDICAL TREATMENT CONSENT:** I, the above named parent, an 18 year-old, or the parent or guardian of the above named student, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

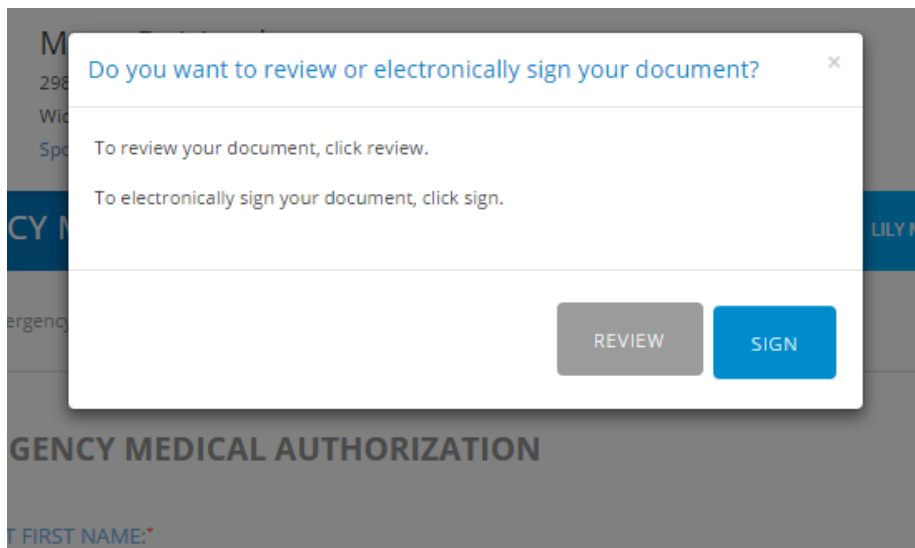
<sup>\*</sup> Denotes Required Field

SUBMIT CANCEL

Click on SUBMIT.

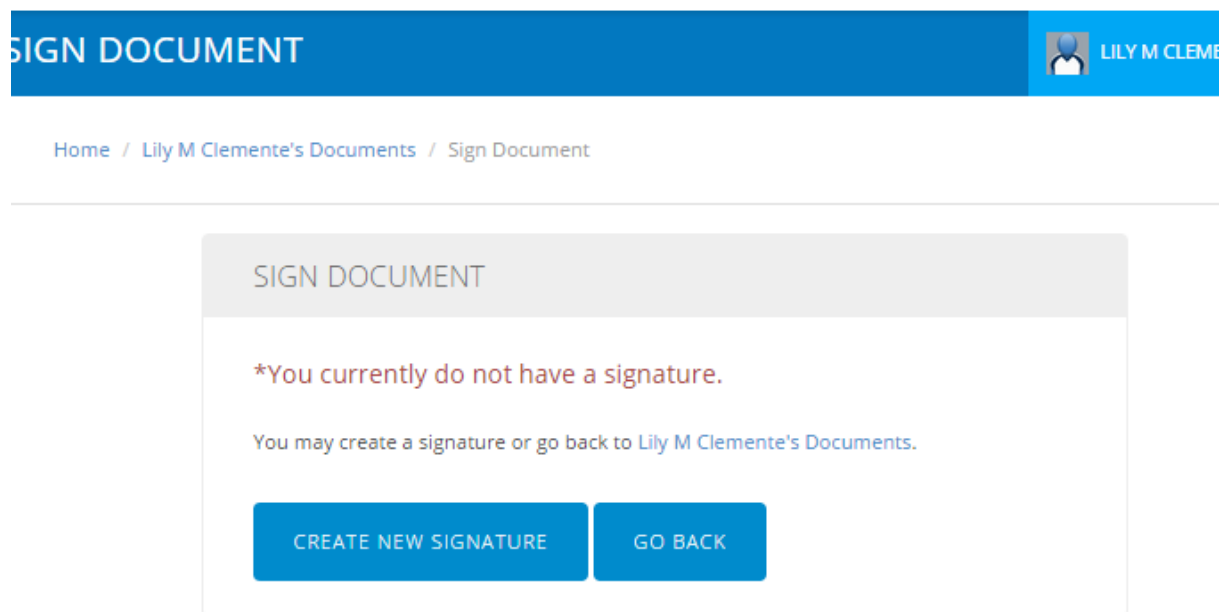
You will be asked to REVIEW or SIGN.

If you choose to review, you can still print out the forms and electronically sign at a later date.



If you choose to sign, the following window will open up. Click on CREATE NEW SIGNATURE.

All documents must eventually be signed by the parent and child to be considered complete.



You will be prompted as follows to create an electronic signature. Click on SAVE when completed.




CREATE YOUR E-SIGNATURE

Name\*

Larry D Clemente



Please sign below:\*



SAVE CANCEL CLEAR

You will then be taken to the following window where you can print out your health history form to take to the physician.

ACTIVE ARCHIVED [UPLOAD DOCUMENT](#)

DOCUMENT TYPE	UPLOADED BY	SIGNED ON	MORE
 <a href="#">emergencymedicalauthorization.pdf</a> EMERGENCY MEDICAL AUTHORIZATION	Larry D Clemente 11/20/2016	Larry D Clemente Sign Document	⋮
 <a href="#">healthhistory.pdf</a> HEALTH HISTORY FORM	Larry D Clemente 11/20/2016	Larry D Clemente 11/20/2016  Lily M Clemente Sign Document	⋮

[DONE](#)

You can always access the documents to print at a later date from the HOME page as follows:

LARRY CLEMENTE

Lily M Clemente **EMERGENCY INFO**

Lily CLEMENTE

ADD MEMBER

**Your Information**

INCOMPLETE PERSONAL DETAILS 0% START

INCOMPLETE EMERGENCY MEDICAL AUTHORIZATION START

INCOMPLETE REGISTRATION FORM START

INCOMPLETE HEALTH HISTORY FORM START

JOINED TEAMS You have not yet joined any teams of Mater Dei Academy. UPDATE

**Your Account**

PRINT DOCUMENTS MANAGE DOCUMENTS

ACCOUNT SETTINGS ATHLETE SIGNATURES

Options

When the health history form has been signed by your physician, you can upload the document either stored on your PC or by taking a picture on your Smartphone.

LARRY CLEMENTE

Lily M Clemente **EMERGENCY INFO**

Lily CLEMENTE

ADD MEMBER

**Your Information**

INCOMPLETE PERSONAL DETAILS 0% START

INCOMPLETE EMERGENCY MEDICAL AUTHORIZATION START

INCOMPLETE REGISTRATION FORM START

INCOMPLETE HEALTH HISTORY FORM START

JOINED TEAMS You have not yet joined any teams of Mater Dei Academy. UPDATE

**Your Account**



PRINT DOCUMENTS MANAGE DOCUMENTS

ACCOUNT SETTINGS ATHLETE SIGNATURES

Options

**ACTIVE** | ARCHIVED

**UPLOAD DOCUMENT**

DOCUMENT TYPE	UPLOADED BY	SIGNED ON	MORE
 emergencymedicalauthorization.pdf EMERGENCY MEDICAL AUTHORIZATION	Larry D Clemente 11/20/2016	Larry D Clemente Sign Document	⋮
 healthhistory.pdf HEALTH HISTORY FORM	Larry D Clemente 11/20/2016	Larry D Clemente 11/20/2016  Lily M Clemente Sign Document	⋮

DONE