

Step-By-Step Registration Process

Registration Process

- OPTION 1:** To reserve your screening time click on or type the following in your browser:
https://mcoreathletes.com/scheduler_schedule/?school=309
It will open directly to the John Glenn Registration Portal
Go to **OPTION 2** if it does not come up to the JGHS Registration Page

Select Date and Time for Screening

mCORE
Mobile Cardiac Overview & Risk Evaluation

Participating Schools Get Involved News & Blog About mCORE Foundation Contact Account

Parents Schools Partnerships Services **Schedule Screening**

John Glenn High School (IN) - Zac Mago Foundation

Already have an account? [Sign In](#)

Having a problem registering? [Contact Us](#)

Tuesday, May 21, 2019 at 12:00 AM

Screening Location:
Study Hall Rooms

Please select from these available day(s) and time slots for your 15-minute screening.

1 Event Dates

2 Morning Appointments

Monday, May 20, 2019 »	8:00 am	8:00 am	8:15 am	8:15 am	8:30 am
» Tuesday, May 21, 2019	8:30 am	8:30 am	8:45 am	8:45 am	9:00 am
Wednesday, May 22, 2019 »	9:00 am	9:15 am	9:15 am	9:30 am	9:30 am
	9:45 am	9:45 am	10:00 am	10:00 am	10:15 am
	10:15 am	10:30 am	10:30 am	10:45 am	10:45 am
	11:00 am	11:00 am	11:15 am	11:15 am	11:30 am
	11:30 am	11:45 am	11:45 am		

3 Afternoon Appointments

12:30 pm	12:30 pm	12:45 pm	12:45 pm	1:00 pm
1:15 pm	1:15 pm	1:15 pm	1:30 pm	1:30 pm
1:45 pm	1:45 pm	2:00 pm	2:00 pm	2:15 pm
2:15 pm	2:30 pm	2:30 pm	2:45 pm	2:45 pm
3:00 pm	3:00 pm	3:15 pm	3:15 pm	3:30 pm
3:30 pm	3:45 pm	3:45 pm		

mCORE
Mobile Cardiac Overview & Risk Evaluation

Schedule Screening

STAY CONNECTED VIA EMAIL
Enter your Email **Submit**

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Parents Services Participating Schools LATEST TWEETS

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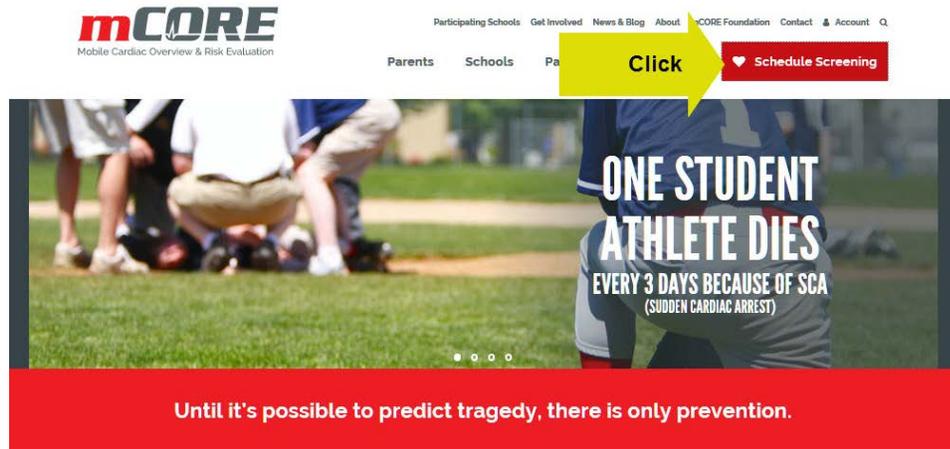
Mar 18
Congrats LHS Boys Basketball and Good Luck on Friday! Go Patriots@olhsboysbball
<https://t.co/muJEK9o08>

Mar 18
Three Years Ago Today, Caleb Perkins's life was forever changed by Sudden Cardiac Arrest. He is one of the lucky on. <https://t.co/acMEN04MBA>

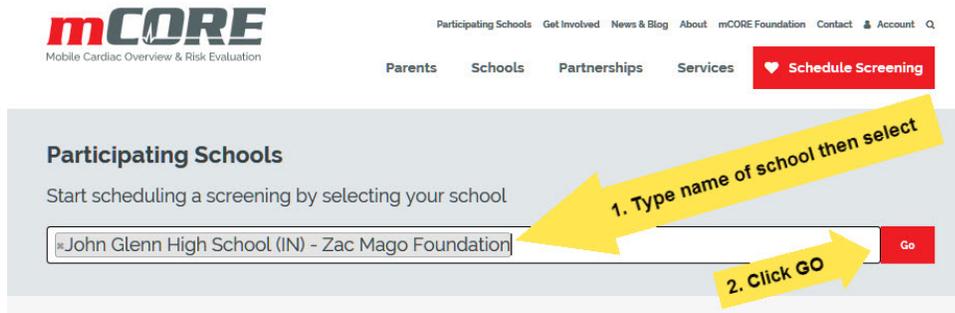
Mar 18
The Peyton Walker Foundation on preventing sudden cardiac arrest - <https://t.co/NPnTalluEE>
[#GoogleAlerts](#)

Registration Process

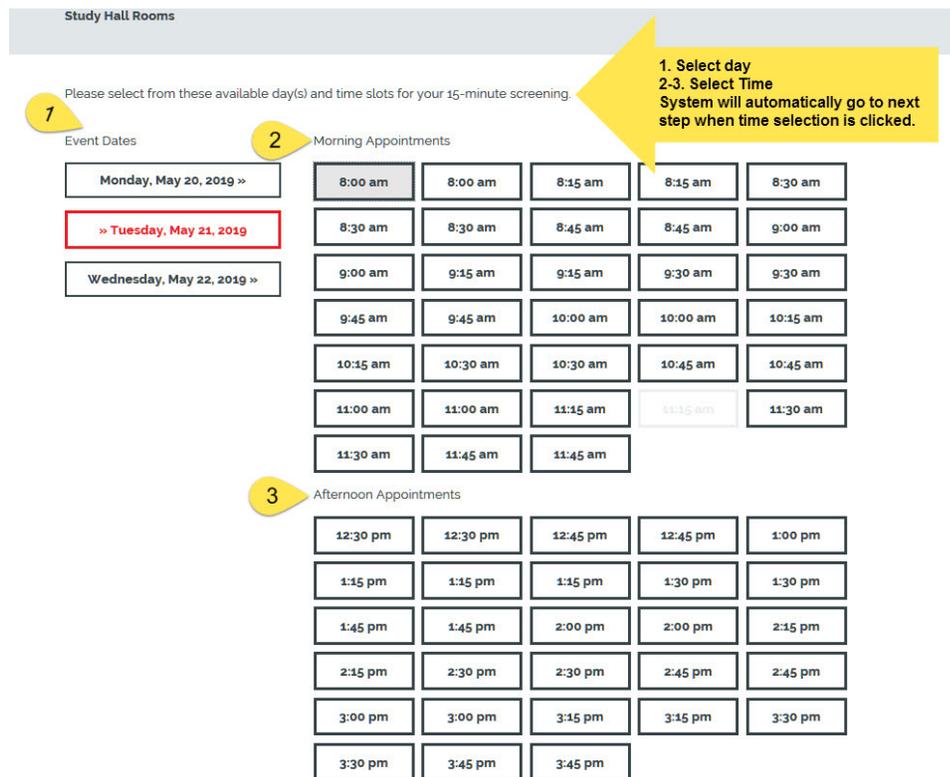
OPTION 2: Type: www.mcoreathletes.com, and then Click "Schedule Screening"



Type Name of School and Select



Select Day and Time



Registration Process

- The system will automatically go to the next step of **Please Sign in First**. First time users Go to the section **NEED TO CREATE A NEW ACCOUNT**, existing users can login., returning users can log in.

Please Sign in First

Looks like you haven't signed in! You'll have to do that before you can start scheduling reservations. If you are new to mCOREAthletes.com you can use the registration form below to create a new account. If you already have an account, log in and schedule a reservation.

Have an Existing Account Login?

If you already have an account, log in to schedule your screening reservation or view screening results.

Username or Email Address
Password

Remember Me

Log In

[Forgot Password?](#)

Need to Create a New Account?

Please use parent/guardian information. Student information will be entered during the screening scheduling process.

Parent/Guardian Username
1 Teresa Mago

Password
2 Confirm Password
3

Parent/Guardian Email
4 info@ZacMagoFoundation.org

Confirm Parent/Guardian Email
5 info@ZacMagoFoundation.org

Parent/Guardian First Name
6 Teresa Parent/Guardian Last Name
7 Mago

Parent/Guardian Phone
8 5748074128 Ext
9

Create Account

1. Complete Boxes 1-9

2. Click Create Account

- The system will ask you to login

Thank you for creating a new account. Please login with your username & password to continue.

Please Sign in First

Looks like you haven't signed in! You'll have to do that before you can start scheduling reservations. If you are new to mCOREAthletes.com you can use the registration form below to create a new account. If you already have an account, log in and schedule a reservation.

Have an Existing Account Login?

If you already have an account, log in to schedule your screening reservation or view screening results.

Username or Email Address
1 info@zacmagofoundation.org

Password
2

Remember Me

Log In

[Forgot Password?](#)

1. Enter Username or Email Address

2. Enter Password

3. Click Login

The system will now take you to sections 1 of 6 for registering your student.

Registration Process

4. Section 1. Pick Student for Screening Screen Opens

A. Click on Add new student

Please complete the following form to complete your reservation.

1. Pick Student for Screening

Select your student or add a new student

Select Your Student

➤ Add new student ← 1. Click Add new student

Continue to Heart Health Questions

B. Add a New Student Screen Opens

Please complete the following form to complete your reservation.

1. Pick Student for Screening

Select your student or add a new student

Select Your Student

➤ Add new student

Add a New Student

1 First Name ← 1. Add student information 1-4

2 Last Name

3 Birthdate

(I can't select my age?)

4 Relationship

Add Student and Continue ← 2. Click Add Student and Continue

Continue to Heart Health Questions

C. Pick Student for Screening Screen Opens

Please complete the following form to complete your reservation.

1. Pick Student for Screening

Select your student or add a new student

Mago,Matthew

➤ Add new student ← 1. Select Student

Continue to Heart Health Questions ← 2. Click Continue

Registration Process

5. Section 2. Heart Health Questions Screen Opens

2. Heart Health Questions

Please answer the following questions in order to help us properly gauge the student's cardiac health:

- Has it been more than two years since you've had a physical exam including a bloodpressure reading and a physician listening to your heart? Yes No
- Have your parents or has a physician ever told you that you have a heart murmur? Yes No
- Has a physician ever suggested that you not participate in athletic competition? Yes No
- Have you had chest pain/pressure, dizziness or racing or "skipped beats" at rest or with exercise? Yes No
- Have you ever fainted or passed out during exercise or after having been startled? Yes No
- Have you ever fainted or passed out after exercise? Yes No
- Have you ever been told that you have high blood pressure, high cholesterol or diabetes? Yes No
- Have you ever been diagnosed with unexplained seizures or exercise-induced asthma? Yes No
- Do you use or have you ever used cocaine or anabolic steroids, or do you smoke? Yes No
- Has anyone in your family had sudden, unexpected death before age of 45? Yes No
- Has anyone in your immediate family had unexplained fainting or seizures? Yes No
- Has a physician diagnosed anyone in your family with an abnormally thickened heart,weakened heart or Marfan syndrome? Yes No

What sport(s) do you plan on playing?

If you answered yes to any of the previous questions please give more details:

Height (inches): Weight (pounds): Gender: Male Female

Continue to Consent

1. Click Yes or No to Questions 1-12

2. Answer Question - If not in a sport, but in Band or PE add info

3. Provide details to YES questions

4. Enter Height, 5. Enter Weight 6. Click Gender

7. Click Continue

Registration Process

6. Section 3. Consent Screen Opens–NOTE Clicking NO on question #1 below stops the registration process.

3. Consent

1. Read consent (use gray bar on right to scroll down)

mCORE, LLC

INFORMED CONSENT TO TESTING

I, being the parent, legal guardian, or custodian of the student selected, a minor child, (herein "my child" and student at the location chosen (the "School") and hereby VOLUNTARILY REQUEST AND CONSENT, and give authorization to, mCORE LLC, an Ohio limited liability company ("mCORE"), to conduct a resting electrocardiogram and an echocardiogram, to attempt to detect potential pre-existing heart conditions in my child which may cause sudden cardiac arrest and/or death. I understand that the information obtained during the course of the testing of my child will be evaluated by a board certified cardiologist, who will review the results of this basic test to attempt to determine whether there are any of these potential pre-existing heart conditions. I therefore further voluntarily request and consent for a licensed physician to review and evaluate the results from any such tests.

THEREFORE, I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT NEITHER mCORE NOR THE SCHOOL ASSUMES, NOR IS EITHER PARTY RESPONSIBLE FOR PROVIDING ME OR MY CHILD WITH, AND NEITHER NOR DOES EITHER OWME OR MY CHILD, ANY MEDICAL OR SIMILAR PROFESSIONAL STANDARD OF CARE, OR DUTY OR RESPONSIBILITY, WITH RESPECT TO THE PERFORMANCE OF ANY TESTING, AND DOES NOT ASSUME ANY DUTY TO PROVIDE, AND WILL NOT PROVIDE, ANY MEDICAL CARE OR ADVICE.

NO GUARANTEE OF RESULTS; WAIVER AND RELEASE OF LIABILITY

I understand that even if both the resting electrocardiogram and the resting echocardiogram tests are performed on my child, there are many heart conditions my child may have which could result in sudden cardiac arrest which would not be detected by such tests, or which if ordinarily capable of being detected by such test

Do you agree with the mCORE INFORMED CONSENT, WAIVER OF LIABILITY AND RELEASE OF LIABILITY? **1** Yes No

Do you agree with the mCORE PERMISSION TO PHOTOGRAPH? **2** Yes No

2. Click Yes or No on 1-2

3. Click Continue to Contact Information

Continue to Contact Information

7. Section 4. Contact Information Screen Opens

4. Contact Information

If the student does not show up for their screening we will attempt to contact their parent/guardian on the day of the event. Please provide the best contact number to attempt to contact the parent/guardian:

Parent/Guardian Contact Number:

() -

1. Enter Phone Number

Continue

2. Click Continue

8. Section 5. Payment Information Screen Open

5. Payment

A credit card is required to make a reservation. You may pay in full now with a credit card. Or, you may pay later the day of the screening with a personal check. If you choose to pay later, we do require an initial \$3.00 credit card registration fee to reserve your screening time. **We do not accept debit cards or cash.** Thank you.

1 Payment Type
Pay Now \$20

1. Complete Boxes 1-12

Billing Address

Address Line 1 **2**

Address Line 2 **3**

City **4**

State **5** Alabama

Zipcode **6** e.g. 12345

Credit Card Information

Credit Card Type **7** Visa

Credit Card Number **8**

Card Expiration Month **9** e.g. 12

Card Expiration Year **10** e.g. 2013

Credit Card Security Code **11**

Phone Number **12** e.g. (123) 456-7890

Continue to Reservation Review

2. Click Continue

Registration Process

9. Section 6. Reservation Review Screen Opens

6. Reservation Review

Event Information	Payment Information
Student Name: Mago, Zac	Payment Type: Pay Now \$20
Screening Date: May 21, 2019, Tuesday	Card Number: XXXX-XXXX-XXXX-3386
Screening Time: 08:00 AM - 08:15 AM	Card Expiration: 06/2021
Event Contact Number: 574-555-5555	<small>Note: mCore never stores any financial information on our servers.</small>

[Confirm Reservation](#) 

mCORE Refund Policy:

Our number one goal is the education and prevention of sudden cardiac arrest in our youth. We will make every effort to accommodate your schedule for our preventative heart screening programs. If for some reason an appointment is missed and a 48 hour notice is given you can receive a partial refund (50%), or can select to choose another appointment at a neighboring school.

If there is no 48 hour notice then you may reschedule next time we are at that school, or you may schedule at a neighboring school. There are no refunds for missed appointments without notice as we would not have time to offer the spot to another student.

Thank you,
The mCORE TEAM

10. Reservation Confirmation Screen Opens – You will also receive an email confirmation.

John Glenn High School (IN) - Zac Mago Foundation

Tuesday, May 21, 2019 at 8:00 AM

Screening Location:
Study Hall Rooms

Congratulations! You have successfully created your account. A confirmation email has been sent to the email address provided and your confirmation number is **UJCUX4**. If you have any questions please contact us at confirmations@mccoreathletes.com.

Confirmation Number
UJCUX4

Now, spread word!
Take a challenge to educate and spread the word about the importance of preventative heart screenings

Please share mCORE on your social networks

[Share](#) [Tweet](#) [Share](#)

Customer Information

Name: Zac Mago
Email: info@zcmago.com
Student ID: 123456789
Relationship: Parent
Date of Birth: 05/15/1985

Event Information

Event Date: 05/21/2019
Timeslot: 08:00 AM-08:15 AM
Location: John Glenn High School (IN) - Zac Mago Foundation
Information: Study Hall Rooms

[Click here to sign up another student.](#)

Confirmation number that your teen has been registered for the screening. You will also receive a confirmation email.

Share on social media and tag #ZacMagoFoundation