

Required Documentation and Bound Activity Registration Information Sheet

Bound Activity Registration Flyer

- Scan the QR code OR visit the website listed on the flyer image
- Please complete this entire process to complete the registration process.
 - All students in a family should be registered through the same family account.
 - You must approve your “shopping cart” at the end to complete the registration. Please remember there are **NO** fees or charges, and this “shopping cart” step is a formality.
 - Please be sure to register your child(s) for the appropriate level, “JH” or “HS”, when selecting the activity

Required Documentation

- PHYSICAL
 - State required documentation for all student athletes to participate in sanctioned activities.
 - The current Iowa Athletic Pre-Participation Physical Examination is a four page document that must be completed & signed by a parent or guardian and medical professional.
 - Physicals are valid for 13 months from the date the document is signed by a medical professional. A new physical will need to be provided yearly. A student will not be eligible if a physical is expired.
 - Page four must be uploaded to Bound, and all signatures are required. If not signed, the physical is incomplete and the student will be ineligible until completed.
- INSURANCE / BLUE MED CARD
 - State required documentation for all student athletes to participate in sanctioned activities.
 - The current Health and Injury Information Card & Consent for Medical Treatment Form (or blue card) is a document kept by coaches. This form provides emergency contact phone numbers and other medical information in case of an emergency.
 - A lot of this information is also included in the digital information provided when adding your student to your family account. However this printed document will be provided to coaches in case of an emergency where no digital services (wi-fi or cell towers) are available to access online information.
 - The medical form or copy of the insurance card must be uploaded to Bound. Either will be accepted.
- HEADS UP CONCUSSION
 - State required documentation for all student athletes to participate in sanctioned activities.
 - The Heads Up: Concussion in High School Sports document is a fact sheet providing information for the protocols used by the state to mandate proper care of student athletes that may or may not have a concussion.
 - In Bound, this is an agreement that is signed digitally only. There is nothing to be uploaded.

- GOOD CONDUCT POLICY
 - This is not a required state document. This policy is part of the Pekin Secondary Student Handbook.
 - The Good Conduct policy is a legitimate exercise of authority by a local school district over certain undesirable, inappropriate nonacademic behavior, both in and out of school, in relationship to a student's eligibility of participation in school activities.
 - In Bound, this is an agreement that is signed digitally only. There is nothing to be uploaded.

If you are unable to complete Bound registration, please don't freak out. Not everyone has access to complete this digital process. If you would like to provide the completed documents directly to the AD office, you are more than welcome to do so.

If you have any questions or concerns, please let us know. We are here to help with what we can. Also, Bound has a great help desk by using the green B button at the bottom right of their website.

AD: Klynt Weber - klynt.weber@pekincsd.org

AD Assistant: Nikki Hackert - nikki.hackert@pekincsd.org

Thank you!



ACTIVITY REGISTRATION

»OUND

Pekin Panthers
Student-Athlete Registration

EASY AS 1-2-3

»OUND



1

Scan the QR Code or go to the link below.

<https://www.gobound.com/ia/schools/pekin>

Then, click the Registration tab.

2

Login or click 'Create Your Account Now'

Returning Students

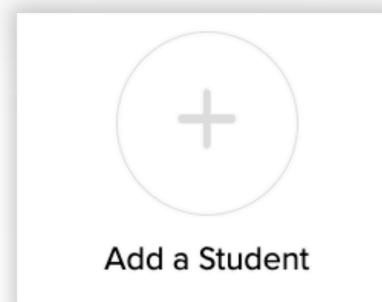
Click on your student portal and register for activities. Skip step 3.

New to Bound

Create your family account and move on to step 3.

3

Click 'Add a Student' and then search for your student. Verify the information and click 'Connect to My Student'.



Connect to My Student

For assistance, [click here](#) or contact Bound with the green chat bubble!



IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Please complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____

Date of Birth: _____

Date of Examination: _____

Sport(s): _____

Home Address (Street, City, Zip): _____

School District: _____

Parent's/Guardian's Name: _____

Phone #: _____

Physician: _____

Phone #: _____

History Form:

List past and current medical conditions.

Have you ever had a surgery? If "yes", list all past surgical procedures.

Medicines and Supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (to medicines, pollen, food, stinging insects, etc.)

PHQ-4: Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response)

	Not at all	Several Days	Over half the days	Nearly Everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [Questions 1 and 2, or Questions 3 and 4] for screening purposes)

SCORE: _____

In the section below, if you answer "yes" to any questions, please explain further in the space provided at the end of this form. Circle any questions you don't know the answer to.

General Questions:

Y N

- Do you have any concerns that you would like to discuss with your provider?
- Has a provider ever denied or restricted your participation in sport for any reason?
- Do you have any ongoing medical issues or recent illnesses?

Heart Health Questions:

Y N

- Have you ever passed out or nearly passed out during or after exercise?
- Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?
- Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?
- Has a doctor ever told you that you have any heart problems?
- Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?
- Do you get lightheaded or feel shorter of breath than your friends during exercise?
- Do you have high blood pressure or high cholesterol?

Questions about your Family:

Y N

- Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?
- Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?
- Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
- Does anyone in your family have asthma?

Bone and Joint Questions:

Y N

- Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?
- Have you had an X-ray, MRI, CT scan or physical therapy for any reason?
- Do you have a bone, muscle, ligament or joint injury that bothers you?
- Do you currently, or have you in the past worn orthotics, braces or protective equipment for any reason?

Medical Question:

Y N

- Do you cough, wheeze or have difficulty breathing during or after exercise?
- Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
- Do you have groin or testicle pain or a painful bulge or hernia in the groin area?
- Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?
- Have you had a concussion? Or a head injury that caused confusion, a prolonged headache, or memory problems?
- Have you ever had a seizure?
- Do you get frequent headaches?
- Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?
- Have you ever become ill when exercising in the heat?
- Do you have sickle cell trait or disease? Or anyone in your family?
- Have you ever had or do you have any problems with your eyes or vision?
- Do you worry about your weight?
- Are you trying to or has anyone recommended that you gain or lose weight?
- Are you on a special diet or do you avoid certain types of foods or food groups?
- Have you ever had an eating disorder?

FEMALES only:

Y N

- Have you ever had a menstrual period?
- How old were you when you had your first menstrual period?
- When was your most recent menstrual period?
- How many periods have you had in the last 12 months?

EXPLAIN "Yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Athlete: _____

Signature of Parent or Guardian: _____

Date: _____

Physical Examination *(To be filled out by medical provider)*

Consider additional questions as below:

Y N

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- Have you taken prescription medications that were not yours or outside of their intended use?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt and a helmet?
- Do you use condoms if you are sexually active?

EXAMINATION

Height: _____ Weight: _____

BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/____ L 20/____ Corrected Y / N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency) 		
Eyes, ears, nose and throat <ul style="list-style-type: none"> • Pupils equal & Hearing 		
Lymph Nodes		
Heart <ul style="list-style-type: none"> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> • Herpes Simplex Virus, lesions suggestive of MRSA or Tinea Corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, hand, and fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional <ul style="list-style-type: none"> • May include: Duck Walk, Double-leg squat test, single-leg squat test, and box drop or step drop test 		

- Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings or a combination of those.

Medical Eligibility Form

Student Athlete Name: _____ Date of Birth: _____ Date of Examination: _____

I acknowledge and give consent for a copy of this entire form to be kept in the student's school record. I agree that should student's health change in any way that would alter this form that I will inform the school as soon as possible.

Signature of Parent or Guardian: _____ Date: _____

Shared Emergency Information *(To be filled out by athlete/athlete's caregiver)*

Allergies:

Medications:

Other Information:

Emergency Contacts:

<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____

Participation Eligibility *(To be filled out by medical provider)*

- Medically Eligible for sports without restriction.
- Medically Eligible for all sports without restriction with recommendations for further evaluation or treatment of:

- Medically eligible for certain sports:

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations:

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined in this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional:

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.

(4) Definitions:

“Contest official” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.

“Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.

“Extracurricular interscholastic activity” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.

“Medical clearance” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Student-Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

STUDENTS, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: www.cdc.gov/Concussion

IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Student's Signature _____ Date _____

Student's Printed Name _____

Parent's/Guardian's Signature _____ Date _____

Student's Grade _____ Student's School _____

HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM

(This form is to be completed and kept available for reference wherever competition takes place. Update medical information as necessary.)

Student's Name (Last, First, MI) _____

Age _____ Grade _____ Date of Birth _____ Today's Date _____

Parent's/Guardian's Name _____

Student's Address _____

Parent's/Guardian's Home Phone Number _____

Father's/Guardian's Place of Work _____

Father's/Guardian's Work Phone Number _____

Mother's/Guardian's Place of Work _____

Mother's/Guardian's Work Phone Number _____

In an emergency, when parent's/guardian's cannot be notified, please contact:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Family Dentist _____ Phone _____

Date of last tetanus booster: _____ (month/year)

Do you wear: Glasses _____ yes _____ no / Contacts _____ yes _____ no / Dentures _____ yes _____ no

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

Please note and date any new injury information here: _____

CONSENT FOR MEDICAL TREATMENT

Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.

As the parent(s), or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. *This written authorization is granted only after a reasonable effort has been made to contact me (us).*

Date Parent's/Guardian's signature

Consent for Treatment endorsed by the Iowa Chapter of the American Academy of Emergency Physicians
Cards provided by THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA

2024-2025 GENERAL STUDENT GOOD CONDUCT RULE

A. Any student who is observed by a staff member or a law enforcement official or, after a hearing at which the student shall be confronted with the allegation, the basis of the allegation, and given an opportunity to tell the student's side, is found to have violated the school's Good Conduct rule will be deemed ineligible for a period of time, as described below. A student may lose eligibility under the Good Conduct Rule for any of the following behaviors:

- possession, use, or purchase of tobacco or tobacco look-alike products (includes vaping / vaping products), regardless of the student's age, if the offense results in a suspension;
- possession, use, or purchase of alcoholic beverages, including beer and wine;
- being in a car (vehicle) or in attendance at a function, gathering, party where alcohol or other drugs are being consumed illegally by minors (joint possession);
- possession, use, or purchase of illegal drugs or the unauthorized possession, use or purchase of otherwise lawful drugs, including look-alike drugs;
- engaging in any act that would be grounds for arrest or citation in the criminal or juvenile court system, excluding minor traffic offenses, regardless of whether the student was cited, arrested, convicted, or adjudicated for the act (stealing, damage to school property or that of school personnel, etc.);
- inappropriate or offensive conduct such as inappropriate / unwanted touching, fighting, insubordination (insubordinate to reasonable directions from adults), hazing, harassment, use of racially charged or demeaning language to others, or bullying.
- Pekin CSD administration may determine that there has been a violation of its good conduct policy whether or not criminal charges have been filed, whether a student's trial is pending, or whether or not the student has been found guilty by a court of law as long as a preponderance (reasonable amount) of evidence has been determined to support the finding of a good conduct policy violation.
- if a student transfers from another Iowa school district and the student had not yet completed a period of ineligibility for a violation of a Good Conduct Rule in the previous school or school district, the student shall be ineligible until the administration determines that there is general knowledge in our school district of the fact of the student's violation in the previous district for interscholastic competition at Pekin Community High School, until the full period of ineligibility has been completed.

*** Involvement in acts of a more serious nature will be dealt with more severely.

*** The Good Conduct Code applies to junior high students. Violations / offenses start over in 9th grade.

B. The due process afforded a student in the event of a suspension shall apply to a student who is charged with violating the Good Conduct Rule.

C. A student who has been found to have violated the Good Conduct Rule shall be penalized as follows:

First Offense – 50% from all extracurricular activity contests or performances or a minimum of 4 weeks of contests or performances.

Second Offense – 1 year suspension from all extracurricular activities. If on a student's 2nd offense they seek counseling at: SIEDA in Ottumwa, Alcohol Drug Dependency Services of SE Iowa (ADDS) in Mt.

2024-2025 GENERAL STUDENT GOOD CONDUCT RULE

Pleasant or Burlington, Cornerstone Child and Family Treatment Center in Ankeny, the Mid East Council on Chemical Abuse (MECCA) in Iowa City, or with an alternative program approved by the administration, their suspension will be reduced from 1 year to 6 months, however they must actively participate in an activity during that 6 month period regardless of whether they have been an active participant in that sport in the past.

Third Offense – Permanent suspension

A student violation of the Good Conduct Provision shall not be allowed to participate in any extracurricular activity. The principal will notify the coach of all sports as well as the supervisors of all other extracurricular activities in which the student intends to participate of the student's ineligibility. The student and his or her parent(s) will be informed orally and/or in writing as to when the student's eligibility is to be restored.

D. A student may not join a sport in progress to "work off" ineligibility, but may join a sport yet to start to "work off" ineligibility if they complete the season from beginning to end in good standing.

E. A student must finish the sports season in good standing to have practices count as Ineligibility worked off.

To insure the student of his legal rights, the following procedure shall be used upon temporary suspension from activities:

1. The superintendent, or principal may temporarily suspend any participant in any activity for violation of the rules and regulations established for that activity by the Board of Education. Written notice of said suspension shall be given to the President of the Board as well as the student and his/her parent(s).
2. The student and parent(s) have the right to meet with the school official suspending said student. They must, however, contact the official and make an appointment with him/her for a conference.
3. If this conference is not successful, the student and parent(s) will have the right to meet with the Board of Education. To arrange this meeting, within 5 days of the conference described in #2 above, they must request, in writing, to the superintendent, that a time be arranged for them to meet with the Board. They will also be advised that they may bring an attorney or whomever they select to represent them at the meeting. They may request, in writing, a listing of the charges against the student before said meeting takes place.
4. Within three (3) days after the Board hearing, the student and his/her parent(s) will be informed of the Board's decision.
5. No student found in violation of this policy may be reinstated to eligibility in any school activity prior to:
 - a. Fulfilling the requirement whereby he/she shall be out of competition for 50% of contests or minimum of 4 weeks for a first offense, and twelve (12) months for a second offense or completing a counseling program and involvement in all activities during that six month timeframe. A week shall count only in the event that there is an interscholastic contest during one of its days. This 50% or 4 week minimum will carry over into another activity if necessary. While satisfying violation, the participant must practice regularly with the other members of the activity.
 - b. When the activity involves or includes any elective office, the student shall be ineligible for reinstatement to the office. This shall not prohibit the student from running for election or reelection to any office at any subsequent regular election when the term of office for which he/she is a candidate does not include any of the period of ineligibility.