



SE POLK ATHLETIC ONLINE REGISTRATION

COMPLETE YOUR HS SIGNATURE PAGES & ACTIVITIES REGISTRATION ONLINE



IMPORTANT INFORMATION TO KNOW

- **ALL ATHLETES MUST HAVE THE FOLLOWING FORMS ON ELECTRONIC FILE WITH THE SE POLK ATHLETICS/ACTIVITIES OFFICE BEFORE THEY WILL BE ALLOWED TO PARTICIPATE: CURRENT STUDENT PARTICIPATION FORM, CONCUSSION WAIVER, PHYSICAL, AND EMERGENCY INFORMATION ON FILE.**
- **ELECTRONIC FORMS ARE GOOD FOR THE CURRENT SCHOOL YEAR.**
- **NO PAPER COPIES OF FORMS WILL BE ACCEPTED BY THE ATHLETICS/ACTIVITIES OFFICE.**
- **REMEMBER TO KEEP YOUR USERNAME AND PASSWORD IN A SAFE PLACE AS WE WILL NOT HAVE A RECORD OF IT.**

INFORMATION YOU WILL NEED TO COMPLETE ONLINE REGISTRATION

- **SCANNED COPY OF THE TWO PAGE PHYSICAL FORM. THE TWO PAGES WILL NEED TO BE SCANNED AS ONE PDF DOCUMENT. IF YOU NEED HELP SCANNING THE COMPLETED PHYSICAL, THERE ARE FREE PHONE APPS OR YOU (OR YOUR STUDENT) MAY BRING THE FORM INTO THE ATHLETIC OFFICE AND MRS. DAWSON WILL SCAN IT FOR YOU.**
- **INFINITE CAMPUS STUDENT NUMBER ID.**

INFORMATION YOU WILL NEED TO COMPLETE ONLINE REGISTRATION (CONT.)

- **DOCTOR NAME, ADDRESS, AND PHONE NUMBER.**
- **DENTIST NAME, ADDRESS, AND PHONE NUMBER.**
- **PREFERRED HOSPITAL NAME, ADDRESS, AND PHONE NUMBER.**
- **EMERGENCY CONTACT INFORMATION (ADDRESS AND PHONE NUMBER) FOR TWO CONTACTS.**

ONLINE REGISTRATION – STEP BY STEP

- **GO TO THE WEBPAGE: SOUTHEASTPOLK.ORG**
- **CLICK ON DEPARTMENTS, THAN CLICK ON ACTIVITIES.**
- **CLICK ON “FOLLOW THIS LINK TO REGISTER FOR AN ACTIVITY”.**
- **UNDER THE PICTURES OF THE ATHLETIC FACILITIES CLICK ON THE “ATHLETIC TEAM REGISTRATION” ICON TO BEGIN THE REGISTRATION PROCESS.**
- **FOR FIRST TIME USERS: CLICK ON NEW USER – CREATE AN ACCOUNT.**

ONLINE REGISTRATION – STEP BY STEP (SELECT STUDENT PAGE)

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian In

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Student Information

Student ID: *

First Name: *

Last Name: *

Middle Initial:

Cell Phone:

Email:

Gender: *

- Select - ▼

Date of Birth: *

Month ▼

Day ▼

Year ▼

Height:

- None - ▼

Weight:

Next Page >

ONLINE REGISTRATION – STEP BY STEP (SELECT ACTIVITY PAGE)

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Information

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Activity

Fall:

- None
- Fall 2017
 - Cheerleading 9th
 - Cheerleading 10th
 - Cheerleading Varsity
 - Cross Country Boys JV
 - Cross Country Boys Varsity

Winter:

- None
- Winter 2017 - 2018
 - Basketball Boys 9th
 - Basketball Boys 10th
 - Basketball Boys Varsity
 - Basketball Girls 9th
 - Basketball Girls JV

Spring:

- None
- Spring 2018
 - Golf Girls Varsity
 - Soccer Boys Varsity
 - Soccer Girls Varsity
 - Tennis Boys Varsity
 - Tennis Girls Varsity

Summer:

- None
- Summer 2018
 - Baseball 9th
 - Baseball 10th
 - Baseball JV
 - Baseball Varsity
 - Softball Varsity

< Previous Page Next Page >

ONLINE REGISTRATION – STEP BY STEP (PARENT/GUARDIAN INFORMATION)

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Information
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Parent/Guardian 1 Information

First Name: *

Last Name: *

Day Phone: *

Night Phone:

Cell Phone: *

Address: *

City: *

State: *

Zip: *

Email: *

Parent/Guardian 2 Information

First Name:

Last Name:

Day Phone:

Night Phone:

Cell Phone:

Address:

City:

State:

Zip:

Email:

< Previous Page Next Page >

ONLINE REGISTRATION – STEP BY STEP (PHYSICAL FORM)

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Inf

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Physical Date

File Upload: *

Choose File No file chosen Upload

Date of this Physical Exam: *

Month

Day

Year

< Previous Page Next Page >

To upload your student's physical, click on the "Choose File" option and select your file. DO NOT click on the "Upload" button to the right of the screen.

ONLINE REGISTRATION – STEP BY STEP (MEDICAL INFORMATION)

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Info
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Medical Information

Primary Doctor

Name:

Address:

Phone 1:

Phone 2:

Preferred Hospital

Hospital Name:

Phone 1:

Phone 2:

Address:

Preferred Dentist

Dentist Name:

Phone 1:

Phone 2:

Address:

Medical Conditions:

Allergies:

Medical Insurance

Company Name: *

Policy #: *

Dental Insurance

Company Name: *

Policy #: *

Medication & Purpose:

	Medication	Purpose
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

ONLINE REGISTRATION – STEP BY STEP (MEDICAL INFORMATION)

Medical Contact Information 1

Name: *

Day Phone: *

Night Phone:

Cell Phone: *

Address: *

City: *

State: *

Zip: *

Medical Contact Information 2

Name: *

Day Phone: *

Night Phone:

Cell Phone: *

Address: *

City: *

State: *

Zip: *

< Previous Page Next Page >

ONLINE REGISTRATION – STEP BY STEP (OTHERS)

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Inf
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Others

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Download a physical form at the Iowa High School Athletic Association site [HERE](#).

CONCUSSION FACT SHEET

Click [HERE](#) for a copy of Concussion Fact Sheet.

FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

1. A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
2. A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
3. Key definitions:

“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, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

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

1. OBEY THE NEW LAW.

- a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
- b. Seek medical attention right away.

2. Teach your child that it's not smart to play with a concussion.

3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

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.

Signs Reported by Students:

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

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- 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.

ONLINE REGISTRATION – STEP BY STEP (OTHERS)

Signs Observed by Parents or Guardians:

- 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

Information on concussions provided by the Centers for Disease Control and Prevention.

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

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

- I/We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student-Athlete's Electronic Signature: *

Parent/Guardian's Electronic Signature: *

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).

Parent/Guardian's Electronic Signature: *

By clicking **SUBMIT** on the next page, you authorize that you are the legal parent of the student named in this form and that you recognize that this is your legal and binding electronic signature and that any fraud or inaccuracy will void this student's eligibility.

< Previous Page

Next >>

AR CHECKOUT PAGE

IMPORTANT: You MUST finish setting up your account or your registration will *NOT* be processed. ✕

SET UP YOUR FAMILY ACCOUNT LOGIN

By logging in first on future registrations, all forms will be PRE-FILLED for your convenience, but allow you to make changes if needed.

Username *

Password *

Activities:	Volleyball Varsity	No Fee
	Tennis Girls Varsity	No Fee

CAPTCHA

This question is for testing whether you are a human visitor and to prevent automated spam submissions.

Math question * $12 + 1 =$

[<< Previous](#)

[Submit](#)

READY FOR PARTICIPATION

- **ONCE A STUDENT'S REGISTRATION IS COMPLETE AND SUBMITTED, THEY ARE READY FOR PARTICIPATION.**

UPLOADING A NEW PHYSICAL FORM

- **SCAN THE NEW, COMPLETED PHYSICAL FORM.**
- **GO TO: [SOUTHEASTPOLKHS-AR.RSCHOOLTODAY.COM](https://southeastpolkhs-ar.rschooldtoday.com) AND CLICK ON THE “ATHLETIC TEAM REGISTRATION” ICON.**
- **SELECT FAMILY ACCOUNT LOGIN “RETURNING USERS-LOGIN HERE”.**
- **ENTER YOUR USERNAME AND PASSWORD.**
- **AT THE BOTTOM OF THE SCREEN CLICK ON “MANAGE ACCOUNT”.**
- **INSIDE THE MANAGE ACCOUNT, CLICK ON THE REGISTRATION HISTORY OPTION AND YOU WILL BE ABLE TO ADD THE NEW PHYSICAL FORM.**

UPLOADING A NEW PHYSICAL FORM

FAMILY ACCOUNT LOGIN



RETURNING USERS-LOGIN HERE

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UPLOADING A NEW PHYSICAL FORM

- **AFTER UPLOADING THE NEW PHYSICAL FORM, MAKE SURE TO CHANGE THE DATE UNDER THE ADDED FILE.**
- **CLICK SAVE.**

WHO TO CONTACT FOR HELP

- **JAYSON CAMPBELL, ATHLETICS/ACTIVITIES DIRECTOR – 515-957-3471 – JAYSON.CAMPBELL@SOUTHEASTPOLK.ORG**
- **AMY DAWSON, OFFICE MANAGER – 515-967-2944 – AMY.DAWSON@SOUTHEASTPOLK.ORG**
- **DARRIN CARPENTER, ATH TRAINER/ASST AD – 515-967-6631 – DARRIN.CARPENTER@SOUTHEASTPOLK.ORG**



GO RAMS!

RAM STRONG

