


rSchool Today Activity Registration

PARENTS QUICK START GUIDE


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Click the DCG Icon



DALLAS CENTER - GRIMES

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Quicklinks

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- [School Website](#)
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Calendar


February 2020

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[View](#)[Edit](#)

[Welcome to Dallas Center - Grimes Community School District Athletic Registration](#)

Click the icon below to begin





Click - I don't have an account


Returning Users [I don't have an account](#)

Username

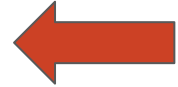
Password

[Forgot your username or password?](#)

☐ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

Sign In



Enter requested information and
click Sign Up

Create New Account

[I already have an account](#)

Parent/Guardian First Name*

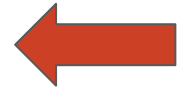
Parent/Guardian Last Name*

Username*

Password*

Email*

Sign Up



You will receive a link in your email to confirm your activity registration account. Click the link to activate the account. See example below.

Hello Julie,

Your account has been created and must be activated before you can use it.

To activate the account, please click on the following link or copy-paste it in your browser.

<https://dcgschools-ar.schooltoday.com/oar/activation/MzM1NjQwMC42MDI3MDMwMCAxNTgyOTAzODA4>

Click hyperlink to begin registration.



[Home](#)

Congratulations! We have successfully confirmed your account.

Please [click here](#) to go to your account page.

[Admin Login](#)

Click Register.

Robert Manley

Registration History

Family Member Info

Important Dates

Account Settings

[Logout](#)

Registration History



 [Register](#)

 Incomplete Registration

#	Date	Activity	Student	Final Clearance	Gr	Reg. Form	Physical Info
There is no registration data available							

Select one of the below depending on your student's grade in the UPCOMING school year.

Choose which Form You Want to Register to:

Athletic Registration (7-8)

Athletic Registration (9-12)



Registration

Start filling out the Registration Form step-by-step starting with Step 1 – Select Student, Step 2 – Select Activity, Step 3 – Parent/Guardian Info, Step 4 – Physical Forms, Step 5 – Medical Information, Step 6 – Policies & Agreements, Step 7 - Others.

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Policies & Agreements

Step 7. Others

Student Information

Select Student:

- Add New Student -

First Name: *

Last Name: *

Middle Initial:

Cell Phone:

Email:

Gender: *

- Select -

Grade: *

- Select -

Date of Birth: *

Month

Day

Year



Next Page >

Save and Finish Later

Registration

To select more than one activity, press the Shift key while selecting the activities.

NOTE:

Athletes are already registered for Spring 19-20 sports. You need to register your athlete for Summer 2020 and beyond. If the decision to play (or not play) a sport is made at any point, please come back to the activity registration site and make the change.

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Policies & Agreements

Step 7. Others

Activity

Please choose the sport(s) in which your student will participate:

Fall:

None
Fall 2020
Cross-Country
Football
Swimming Girls
Volleyball Girls

Winter:

None
Winter 2020 - 2021
Basketball Boys
Basketball Girls
Swimming Boys
Wrestling

Spring:

None
Spring 2021
Track & Field Boys
Track & Field Girls

Summer:

None
Summer 2020
Softball
Summer 2021
Softball Girls

Registration

Be sure to enter the state abbreviation.



- Step 1. Select Student
- Step 2. Select Activity
- Step 3. Parent/Guardian Info
- Step 4. Physical Forms
- Step 5. Medical Information
- Step 6. Policies & Agreements
- Step 7. Others

Parent/Guardian 1 Information

First Name: *

Last Name: *

Day Phone: *

Cell Phone: *

Address: *

City: *

State: *

Abbreviation only

Zip: *

Email: *

Registration

If the physical (front and back of the form) are in one file you will upload one file. If they are in two files you will upload both files.
NOTE: If you do not have the physical to upload you can do so at a later date.

- Step 1. Select Student
- Step 2. Select Activity
- Step 3. Parent/Guardian Info
- Step 4. Physical Forms
- Step 5. Medical Information
- Step 6. Policies & Agreements
- Step 7. Others

Physical Date

Athletic Physical Form

Download Athletic Physical Form [HERE](#).

File Upload:

Browse... No file selected.

File Upload 2:

Browse... No file selected.

Date of this Physical Exam:

Month

Day

Year

Registration

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Policies & Agreements

Step 7. 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: *

Registration

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:

Medication & Purpose:

	Medication	Purpose
1		
2		
3		
4		

+ Add Medication

Do you wear glasses?: *

☐ Yes

☐ No

Contacts?: *

☐ Yes

☐ No

Dentures?: *

☐ Yes

☐ No

Registration

Be sure to enter the state abbreviation.

NOTE: Cell Phone is required. If the individual does not have a cell phone put the number they can be reached at in the event of an emergency.

Emergency Contact 1

Name: *

Relationship: *

Day Phone: *

Cell Phone: *

Address: *

City: *

State: *

Abbreviation only

Zip: *

Emergency Contact 2

Name: *

Relationship: *

Day Phone:

Cell Phone: *

Address: *

City: *

State: *

Abbreviation only

Zip: *

Registration

Click on the link for all three documents and check both the Parent/Guardian and Participant boxes. Then click Accept.

NOTE: You will need to click ALL three links even though your student only attends one of the buildings.

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Policies & Agreements

Step 7. Others

Policies & Agreements

Agreements

Read and Acknowledge each Agreement below.



PDF

MS Handbook

Parent/Guardian
Participant



PDF

Meadows Handbook

Parent/Guardian
Participant



PDF

Concussion Fact Sheet

Parent/Guardian
Participant

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Registration

Others

Dallas Center - Grimes High School Eligibility Packet

Athletic Eligibility Checklist-Required Forms (All Forms must be submitted and verified received prior to any athletic participation in practice or games.)

- Physical Exam Form (Must be within 365 days (1 year) on file with the school)
- Concussion Management: Heads Up Concussion in HS Sports Form
- Health & Injury Information & Consent for Medical Treatment Form
- Dallas Center - Grimes Student Eligibility Statement & Parent Waiver Form

Students: Your participation in high school is dependent on your eligibility. PROTECT that eligibility by reviewing with your parent(s)/guardian(s) this summary of IHSAA & IGHS AU rules which govern your participation. Complete regulations are found in the IHSAA or IGHS AU Official Handbook which is available on the IHSAA or IGHS AU website.

☐ I understand that once I sign the eligibility statement all eligibility rules apply:

- Twelve (12) months of the year;
- Whether I am currently participating or not;
- Continuously from the first signing of the statement

Parents/Guardians: Review the following rules with your son or daughter. Your role in stressing the value of following these rules cannot be overstated.

General Student Eligibility Checklist (Must be completed by all students) (If you cannot check all 8 items see your athletic/activities director or principal)

- ☐ Pass all your classes at each reportable grading period and be enrolled in at least 4 classes.
- ☐ Will not have turned 20 during the academic school year.
- ☐ Have not dropped out of school or repeated a grade while in high school.
- ☐ Have not and will not use or possess tobacco or alcoholic beverages use, consume, have in possession, buy, sell or give away any other controlled substance, including steroids, or drug paraphernalia or violate and city, state, or federal law.
- ☐ Have not and will not violate racial/religious/sexual harassment/violence/and hazing rules and regulations.
- ☐ I agree to fully cooperate in any investigation honestly and truthfully.
- ☐ Regardless of my age I agree to follow all of the IHSAA & IGHS AU rules, regulations, and bylaws in order to be eligible to represent my school in IHSAA & IGHS AU activities.
- ☐ Both student and parent have reviewed the concussion management information contained in the Eligibility Packet.

Student/Athlete's Electronic Signature: *

Parent/Guardian's Electronic Signature: *

Statement to be signed by the participant from an IGHS AU or IHSAA member school and by the participant's parent or guardian.

Please review all items:

- ☐ I have read, understand, and acknowledge receiving the Dallas Center - Grimes Student Handbook, which contains the eligibility rules of the DCG CSD, IHSAA & IGHS AU. I understand that a copy of the Official DCG Student Handbook is on file with the principal or athletic director and that I may review it, in its entirety, if I so choose. The Official Handbook and IHSAA & IGHS AU bylaws are also posted on the IHSAA & IGHS AU Web site: IHSAA under General Information. IGHS AU under Bylaws. The Guidance on Scholarship Rule is located at https://www.iahhsaa.org/wp-content/uploads/2019/02/Scholarship-Rule_Updated_071118.pdf
- ☐ We, the student and parent, have reviewed Concussion Management Recommendations a Fact Sheet for Parents & Students Heads Up: Concussion in High School Sports for IHSAA & IGHS AU Athletes contained in this packet.
- ☐ I understand that once I sign the eligibility statement all eligibility rules apply:
 - Twelve (12) months of the year;
 - Whether I am currently participating or not;
 - Continuously from the first signing of the statement through the completion of my high school eligibility.
- ☐ Regardless of my age I agree to follow all of the IHSAA & IGHS AU Bylaws in order to be eligible to represent my school in IHSAA & IGHS AU-sponsored activities.
- ☐ I further understand that a member school of the IHSAA or IGHS AU must adhere to all of the rules and regulations that pertain to the League athletics/activities a school may sponsor and that local rules may be more stringent, and penalties more severe, than IHSAA or IGHS AU rules.

Student/Athlete's Electronic Signature: *

Parent/Guardian's Electronic Signature: *

Registration

Registration

STUDENT CODE OF RESPONSIBILITIES

- ☐ As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities:
- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
 - I will be fully responsible for my own actions and the consequences of my actions.
 - I will respect the property of others.
 - I will respect and obey the rules of my school and the laws of my community, state and country.
 - I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.
- ☐ A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by school district policy. While a student not in good standing, a student may not serve any penalty for IHSA or IGHSAU Bylaw violations.
- ☐ Informed Consent: By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases. Serious injuries & transmission of infectious disease is uncommon in supervised school athletic programs, but it is impossible to eliminate all risk. The school will provide the best care possible to help with prevention, assessment, & treatment of injuries when they do occur. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN IHSA or IGHSAU-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.
- ☐ I consent to the athletic trainer or coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice. This medical information will not be shared with other parents, students and/or media according to the HIPAA compliance privacy protective act.
- ☐ I further understand that in the case of injury or illness requiring transportation to a health care facility that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.
- ☐ By signing this we acknowledge that we have read the information contained in the IHSA & IGHSAU Eligibility Checklist.

The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student/parent understands and agrees that public information shall include names and pictures of students participating in or attending extra-curricular activities, school events, and IHSA & IGHSAU activities or events.

- ☐ By signing below, I state that I have read and understand the following.
- ☐ In consideration of the DCG CSD permitting me to try out for the athletic teams of the DCG CSD, and engage in all activities related to the team including but not limited to trying out, practicing or playing, I hereby assume all the risks associated with such participation and agree to hold the DCG CSD, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the DCG CSD athletic programs. The terms hereof shall serve as a voluntary release and assumption of risk for my heirs, estate, executor, administrator, assignee and for all members of my family.

Student/Athlete's Electronic Signature: *

- ☐ I give consent for my child to engage in IGHSAU & IHSA approved athletic activities as a representative of his/her school. In consenting to give permission for my child to participate, I understand that dangers and risks of playing or practicing to play in athletics may not only result in serious injury, or death, but in a serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Because of such dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules etc. and to agree to obey such instructions.
- ☐ I am aware that there are Board of Education Policies that contain certain regulations for academic eligibility, attendance in school, behavior in and out of school, and health rules that forbid the use of alcohol, tobacco, and drugs. I fully understand that my son/daughter may be suspended or dropped from an activity for failure to abide by these rules and regulations set forth by the DCG CSD Board of Education, IHSA, & IGHSAU.

Parent/Guardian's Electronic Signature: *

Registration

Health and Injury Information Card

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).

Student/Athlete's Electronic Signature: *

Parents/Guardian's Electronic Signature: *

ELECTRONIC SIGNATURE AGREEMENT

By typing my full name in the box below, I am signing this Agreement electronically. I agree my electronic signature is the legal equivalent of my manual signature on this Agreement. I consent to be legally bound by this Agreement's terms and conditions.

Student/Athlete's Electronic Signature: *

Parents/Guardian's Electronic Signature: *

Registration

Click Submit.

Click the Submit button below to complete the registration

REGISTRATION DETAIL

Groenenboom, Lynette

Activity Name

Basketball Girls

<< Previous

Submit



Registration

Registration is complete
when you see this screen.

You can Logout or click
View My Account to
register additional athletes
or make changes to your
account.

Thank you. We have received your submitted form.

Here's your Registration Payment Detail

	Activity Name
Groenenboom, Lynette	Basketball Girls

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[Back to Account](#) [Logout](#)

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