



# ACTIVITY REGISTRATION

»OUND

Centerville Tornadoes  
Student-Athlete Registration

EASY AS 1-2-3

»OUND



1

Scan the QR Code or go to the link below.

<https://www.gobound.com/sd/schools/centerville>

Then, click the Registration tab.

2

Login or click 'Create Your Account Now'

Returning Students

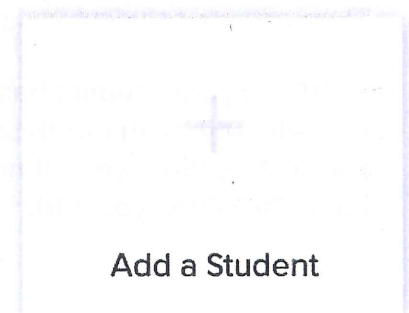
Click on your student portal and register for activities. Skip step 3.

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'.



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



Connect to My Student



Greetings **TORNADOES**,

We are excited to announce that starting Fall of 2025 we will be a full partner with BOUND, a full-scale athletic, activities, and facilities management system. This partnership will create a seamless and engaging experience for all **TORNADOE** stakeholders - all of our schedules, ticketing, scores and standings, and fundraising opportunities will be in one location!

**BOUND Public Website** - To get you started, click on the following link (be sure to bookmark this page). This is the landing page for **TORNADOE** families, fans and students. You and your family will be able to get everything you need from this one site!

<https://www.gobound.com/sd/schools/centerville>

**Athletic Registration** - To get your athlete(s) registered for the spring sports programs, click on the 'Registration' link at the top of the **Centerville Tornadoes** Bound public site. You can also scan the QR code on the attached Activity Registration flier. **Registration does not open until June 1 and will be listed on the website as we get closer.**

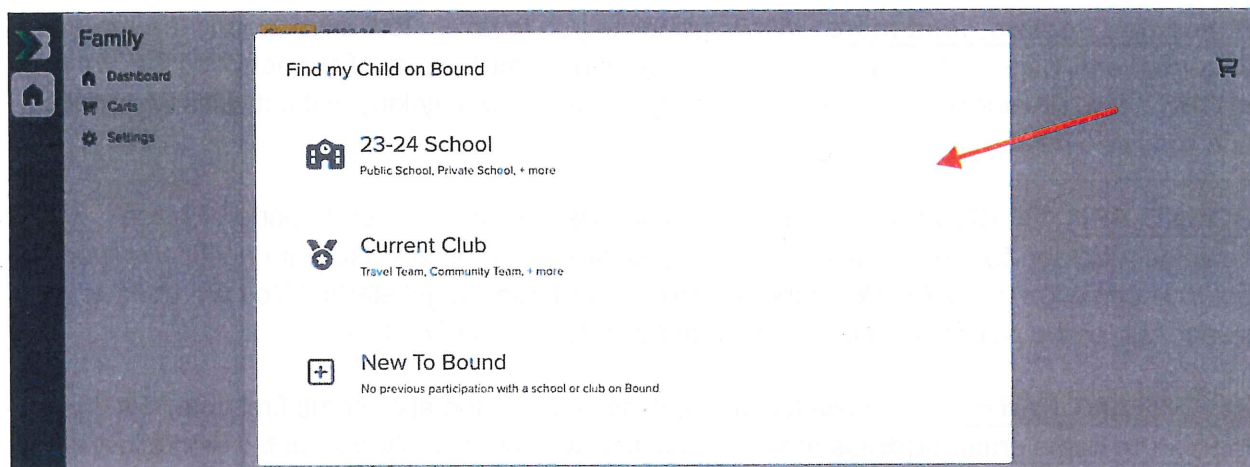


From here, you will be able to connect your family (parent and student accounts), enter or update all important demographic information, upload your current physical, sign off on all of the required documents for participation, and register for the sports your athlete(s) intend to participate in this school year.

Here is a **step-by-step document to get you started on the Athletic Registration process:**  
<https://intercom.help/boundhq/en/articles/7934242-registering-your-student-for-an-activity>

Part of the registration process is to search for your student under **Centerville Tornadoes**. Because this platform is new to us if you do not find your student in the search field - go ahead and choose **I CAN'T FIND MY STUDENT (CLICK HERE)** at the bottom of that pop-up window. Then add your student and proceed with Registration.

**\*NOTE-If your student has participated in any sport during their time here at CHS they may already be in our database, and you can proceed to STEP 3 on the flier clicking on the 24-25 school year. If not, you will MANUALLY add your student. Check by typing their name BEFORE you add.**

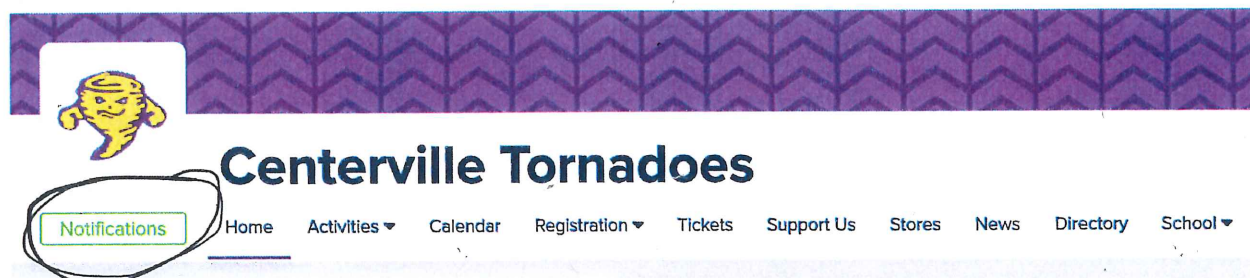


**\*ALSO NOTE-If your child is a member of two households. Please use the directions linked below.**

[https://docs.google.com/document/d/1icYSeuKYVwgZ39OqsYv4K9ZKHqjAAe4KWrR0NTJ\\_i40/edit](https://docs.google.com/document/d/1icYSeuKYVwgZ39OqsYv4K9ZKHqjAAe4KWrR0NTJ_i40/edit)

**Notifications** - As parents or guardians of active DVHS students, you need to keep up with any changes or adjustments to schedules in real-time. By utilizing the "Notifications" feature in Bound, you will be able to sign up to receive notifications of changes, postponements, or cancellations in scheduled events. At the top of the **CENTERVILLE TORNADES** Bound public site, notice the green "Notifications" button below our mascot. This button is located in the same location on each page as you navigate from activity to activity.

If you want school-wide notifications, click on this button on the Home screen and sign up - name, email, phone number and what notifications you would like to receive. From there, navigate to the activities your student(s) are participating in or ones you want to follow and do the same. For example, if you want girls soccer notifications, you will click on Activities and soccer. Once you land on the soccer home page, click on the 'Notifications' button and sign up for notifications specific to soccer. Repeat this process for any activities you need to stay up to date and in the know!





**Schedules, rosters...and more** - We would invite you to take a test drive around the site while you are there. Click on the links at the top of the page, you'll see all of the activities that we offer at CHS. This site will be your one stop shop for your family's athletic and activities information and resource needs.

**BOUND APP** - BOUND is available on any smart device under "Bound Sports." Please download the app for you to have access to your student(s) athletic program notifications on the go! You can scan the QR code on the flier from your phone to get started! You will need to select ALL of the programs you are interested in if this is your first time.

**IMPORTANT NOTE:** When downloading and logging in to the app for the first time, it is crucial to **use the same email address** that is associated with your family account. It works just like any other app, if you create an account on the computer, you must log in to the app with the same email address and vice versa.

For Bound support you can click the B in the lower right corner. There are a couple questions to help guide us but rest assured there is a person on the other end who will help you. You can also email [support@gobound.com](mailto:support@gobound.com) for assistance.

Thank you,

Doug Edberg, CAA  
Athletic Director

# SDHSAA HEALTH HISTORY FORM - To be completed (with parent/guardian if student is under 18) in years when a physical exam is given, prior to the exam.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Sports: \_\_\_\_\_

List all past and current medical conditions:	
Have you ever had surgery? If Yes, list all procedures:	
List all prescriptions, over-the-counter meds or supplements you currently take:	
Do you have any allergies? If Yes, Please list them here:	

Over the last two weeks, how often have you been bothered by the following problems? (Circle Response)

	Not At All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest in pleasure or doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

*A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes*

**ANSWER EACH OF THE FOLLOWING QUESTIONS SPECIFIC TO "IN THE PAST YEAR"**

**& EXPLAIN ANY YES ANSWERS ON THE BACK OF THIS SHEET:**

GENERAL QUESTIONS	Yes	No	BONE AND JOINT QUESTIONS, CONTINUED:	Yes	No
1. Do you have any concerns you'd like to discuss with your provider?			15. Do you have a bone, muscle, ligament or joint injury that bothers you?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			<b>MEDICAL QUESTIONS</b>	Yes	No
3. Do you have any ongoing medical issues or recent illnesses?			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No	17. Are you missing a kidney, an eye, a testicle, your spleen or any other organ?		
4. Have you ever passed out or nearly passed out during or after exercise?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
5. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			19. Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
7. Has a doctor ever told you that you have any heart problems?			21. Have you ever had numbness, tingling or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
8. Has a doctor ever requested a test for your heart? (Example: electrocardiography or echocardiography)			22. Have you ever become ill while exercising in the heat?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			23. Do you or does someone in your family have sickle cell trait or disease?		
10. Have you ever had a seizure?			24. Have you ever had, or do you have any problems with your eyes or vision?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	Yes	No	25. Do you worry about your weight?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before 35 years of age (including drowning or unexplained car crash)			26. Are you trying to, or has anyone recommended that you gain or lose weight?		
12. 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)?			27. Are you on a special diet, or do you avoid certain types of foods or food groups?		
13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?			28. Have you ever had an eating disorder?		
<b>BONE AND JOINT QUESTIONS</b>	Yes	No	29. Have you ever had COVID-19?		
14. 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 a game?			<b>FEMALES ONLY</b>	Yes	No
			30. Have you ever had a menstrual period?		
			31. How old were you when you had your first period?		
			32. When was your most recent period?		
			33. How many periods have you had in the past 12 months?		

**CERTIFICATION OF HEALTH: I hereby state that, to the best of my knowledge, my answers on this form are complete and correct:**

Signature of Athlete: \_\_\_\_\_

Signature of parent/guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

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# SDHSAA PREPARTICIPATION PHYSICAL EXAM FORM

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Annual/Biennial/Triennial: \_\_\_\_\_

## Physician Reminders:

### 1. Consider additional questions on more sensitive issues:

- 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, vaping, chewing tobacco, snuff or dip?
- Over the past 30 days, have you used chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- 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 seatbelt or helmet?

### 2. Consider reviewing questions on cardiovascular symptoms (#4-13 on health history form)

EXAMINATION		
Height:	Weight:	BP:
Pulse:	Vision: R 20/      L 20/	Corrected?:

MEDICAL	Normal	Abnormal Findings
Appearance		
Head/Mouth		
Eyes, ears, nose and throat - Pupils equal & Hearing		
Lymph Nodes		
Heart* -Heart sounds, murmurs, pulse, rhythm, auscultation		
Lungs		
Abdomen - Liver/Spleen, masses		
Skin - HSV, Lesions, Staph, MRSA, etc.		
Neurological		
MUSCULOSKELETAL	Normal	Abnormal Findings
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, Hand and Fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional		
• Double-leg squat test, single-leg squat test, box drop or step drop test		

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination

### Sports Participation Recommended for (Mark One):

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendation  
for further evaluation or treatment of: \_\_\_\_\_
- ☐ Medically eligible for certain sports (list here): \_\_\_\_\_
- ☐ Not medically eligible pending further evaluation: \_\_\_\_\_
- ☐ Not medically eligible for any sports: \_\_\_\_\_

Name of Examiner: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

**Note: SDCL allows Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Licensed Physician Assistant and Licensed Nurse Practitioners as those that can provide this recommendation.**

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