

# Community of Peace Academy High School Fall Athletic Packet 2019-2020

## **ALL FORMS MUST BE TURNED IN BY: The 1<sup>st</sup> Day of Practice**

Student-athletes must receive a **new ATHLETIC CARD** every year for each sport in order to be eligible to participate in athletics at CPA.

Complete this packet and return to Ms. Sanchez in the HS Office. Once the required forms have been submitted, the student-athlete will receive an **ATHLETIC CARD**. The **ATHLETIC CARD** must be given to the Head Coach for each sport the student-athlete participates in.

### **Packet Checklist**

- Read **MSHSL Eligibility Brochure**
- MSHSL Eligibility Statement (required every year):** Parent and Student-Athlete Complete and Sign
- MSHSL Annual Sports Questionnaire (required every year):** Parent and Student-Athlete Complete and Sign
- MSHSL Sports Qualifying Physical Examination Clearance Form (required every 3 years):** Page 1 of the Clearance Form completed and signed by Physician.
- CPA Permission Form (required for each sport):** Parent and Student-Athlete Complete and Sign
- \$25 Activity Fee (required for each sport)**

Please contact the following for any questions:

<b>Activities Director:</b>	Mr. Kenan Moore	<a href="mailto:kenanm@cpapk12.org">kenanm@cpapk12.org</a>	651-280-4527
<b>A.D. Assistant:</b>	Ms. Katy Sanchez	<a href="mailto:katys@cpapk12.org">katys@cpapk12.org</a>	651-280-4590

# Community of Peace Academy

## HS Fall Extracurricular Permission Slip 2019-2020

My son/daughter, \_\_\_\_\_, Grade: \_\_\_\_\_  
*(Student Name, please print)*

has my permission to participate in the following Fall extracurricular activity at Community of Peace Academy (circle one):

**HS Soccer**

**HS Girls Volleyball**

**Participation Fee: \$25 per sport**

Community of Peace Academy will provide transportation to and from all away games that are played during the week. This transportation is only for players, Coaches, and Managers.

Parents will be responsible for having their son/daughter picked up from Community of Peace Academy after all practices and games. If a parent cannot pick up their son/daughter at the scheduled time, they will arrange for someone else to. All players who are waiting for a ride will wait between the High School double doors on Desoto.

Practice times and game times may vary from week to week. By signing this form the parent agrees to cover the cost of replacing any lost or damaged uniforms.

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In Case of an Emergency Contact:** *(List two people - **parent, relative, family friend** - who should be contacted in case of an emergency)*

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Other # \_\_\_\_\_ Other # \_\_\_\_\_

Interpreter Needed (Language \_\_\_\_\_)  Interpreter Needed (Language \_\_\_\_\_)

**Office Use Only**

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/Check

Date Athletic Card Received: \_\_\_\_\_



2019-2020

# MSHSL ELIGIBILITY BROCHURE

**Students:** Your participation in high school activities is dependent on your eligibility. PROTECT that eligibility by reviewing with your parent(s)/guardian(s) this summary of Minnesota State High School League rules which govern your participation. Complete regulations are found in the MSHSL Official Handbook which is available at each member high school and which is also posted on the MSHSL Web site: [www.mshsl.org](http://www.mshsl.org). Please keep this brochure for reference, and if there is a question about any rule interpretation, **CONTACT YOUR SCHOOL PRINCIPAL OR ATHLETIC/ACTIVITIES DIRECTOR.**

I understand I must sign the current eligibility statement prior to participation each school year.

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.

**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)

- \_\_\_\_\_ 1. Making academic progress toward graduation.
- \_\_\_\_\_ 2. Will not have turned 20 before the start of the season in which I participate.
- \_\_\_\_\_ 3. Have not dropped out of school or repeated a grade beginning with the initial entrance in the 7<sup>th</sup> grade.
- \_\_\_\_\_ 4. 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, drug paraphernalia or products containing or used to deliver nicotine, tobacco products and other chemicals.
- \_\_\_\_\_ 5. Have not and will not violate the racial/religious/sexual harassment/violence/and hazing bylaws of the MSHSL.
- \_\_\_\_\_ 6. I agree to fully cooperate in any investigation honestly and truthfully.
- \_\_\_\_\_ 7. Regardless of my age I agree to follow all of the MSHSL Bylaws in order to be eligible to represent my school in League-sponsored activities.
- \_\_\_\_\_ 8. **Both the student and parent have reviewed the concussion management information contained in the Eligibility Brochure and found on the following website:** [www.cdc.gov/headsup](http://www.cdc.gov/headsup)

**Athletic Eligibility Checklist (must be completed by all athletes)** (If you cannot check all 5 items, see your athletic/activities director or principal)

- \_\_\_\_\_ 1. Physical exam within the last three (3) years on file with the school.
- \_\_\_\_\_ 2. Have not transferred schools.
- \_\_\_\_\_ 3. Will not participate in more than six (6) seasons in any sport in grades 7-12.
- \_\_\_\_\_ 4. Have not accepted cash in any amount or merchandise valued at more than \$100 for participating in a sport.
- \_\_\_\_\_ 5. Have not and will not compete in non-school events in my sport after reporting for the school team.

**INFORMED CONSENT:** By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Hepatitis B, herpes and others. Although serious injuries are not common, and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. 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.

## GENERAL BYLAW REVIEW

All MSHSL eligibility determinations are based on bylaws found in the most current official handbook or online at [mshsl.org/handbook](http://mshsl.org/handbook)

\* Denotes rules applicable to cheerleaders

1. **\*ACADEMIC** — (Credit Requirement) To be eligible, a student must be making satisfactory progress toward the school's requirement for graduation.
2. **\*AGE** — A student who turns 20 during the 11<sup>th</sup> or 12<sup>th</sup> semester since first entering the 7<sup>th</sup> grade shall be allowed to participate through the completion of the 12<sup>th</sup> semester. Adapted athletes are eligible to participate until their 22<sup>nd</sup> birthday, provided they meet all other eligibility requirements.
3. **AMATEUR STATUS** — A student must be an amateur in that sport. A student may not receive cash or merchandise for athletic participation. A student does not lose her/his amateur status because of reimbursement for officiating, instructing, teaching or coaching a sport. (*Reference Bylaw 201 for further amateur provisions*)
4. **AWARDS** — Acceptable awards to students in recognition of participation in high school activities include medals, ribbons, letters, trophies, plaques and other items of little or no intrinsic value (\$100.00 or less). Violation will render a student ineligible for participation in that activity.
5. **\*ENROLLMENT, ATTENDANCE, AND REQUIRED SUBJECT LOAD** — Students must be fully enrolled in (as defined by the Minnesota Department of Education) and attending the school before they are eligible to represent that school in MSHSL sponsored activities.
6. **FOREIGN EXCHANGE STUDENTS** — Approved Foreign Exchange Students are limited to 1 calendar year of high school eligibility beginning with their 1st date of enrollment and attendance. **INTERNATIONAL STUDENTS** – Students not participating in a CSJET approved foreign exchange program are eligible only at the B-squad or JV level for one calendar year.
7. **\*GENERAL ELIGIBILITY** — In order to be eligible for regular season and MSHSL tournament competition, a student must be fully enrolled as defined by the Minnesota Department of Education and a bona fide member of his or her high school in good standing. A student who is under penalty of exclusion, expulsion or suspension, whose character or conduct violates the Student Code of Responsibilities and is not in good standing, shall be ineligible for a period of time as determined by the principal.  
*Student Code of Responsibilities*  
*As a student participating in my school's interscholastic activities, I*

understand and accept the following responsibilities:

1. I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
2. I will be fully responsible for my own actions and the consequences of my actions
3. I will respect the property of others.
4. I will respect and obey the rules of my school and the laws of my community, state and country.
5. 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 ejected from a contest shall be ineligible for the next regularly scheduled game or meet at that level of competition and all other games or meets in the interim at any level of competition, for the first ejection. All subsequent ejections shall result in ineligibility for four (4) regularly scheduled games or meets.

8. **\*SEASONS OF PARTICIPATION** — No student may participate in more than six (6) seasons in any sport while enrolled in grades 7-12, semesters 1-12 inclusive.
9. **\*SEMESTERS IN HIGH SCHOOL** — A student shall not participate in an interscholastic contest after the student's twelfth semester in grades 7-12 inclusive. All twelve semesters shall be consecutive, beginning in the 7th grade.
10. **JUNIOR HIGH/MIDDLE SCHOOL PARTICIPATION** — Participation in high school interscholastic programs is limited to students in grades 7-12 inclusive. Students in grade 7, 8 and 9 may participate if enrolled in the regular continuation school for the educational unit and if all other eligibility requirements of the League have been met. Elementary students in grades 1-6 are not eligible for participation in any MSHSL-sponsored activity; B-squad, junior varsity or varsity level.
11. **\*GRADUATE** — Students who have graduated from a secondary school, or who have completed the terminal or final grade of a secondary school, or who have earned a GED or diploma are not eligible for participation in any League activity. A student who graduates while a member of a team with a season in progress may complete the season if three or fewer weeks of the regular season, exclusive of League tournament play, remain.
12. **\*MOOD-ALTERING CHEMICALS**
  - A. **Reference Bylaw 205**

**Twelve (12) months of the year, a student shall not at any time, regardless of the quantity: (1) use or consume, have in possession a beverage containing alcohol; (2) use or consume, have in possession tobacco; (3) use or consume, have in possession, buy, sell, or give away any other controlled substance or drug paraphernalia, (4) use or consume, have in possession, buy, sell or give away products containing or products used to deliver nicotine, tobacco products and other chemicals. "Tobacco products" means: any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part or accessory of a tobacco product, (5) use or consume, have in possession, buy, sell or give away any substance or product where the intent of such use of the substance or product is to induce intoxication, excitement, or stupefaction of the central nervous system, except under the direction and supervision of a medical doctor. Such substance or products shall include, but are not limited to, synthetic drugs, gasoline, glue, aerosol devices, bath salts, and any substances addressed by Minnesota or Federal law.**

    1. The bylaw applies continuously from the first signing of the student Eligibility Brochure.
    2. It is not a violation for a student to be in possession of a controlled substance specifically prescribed for the student's own use by her/his doctor.
  - B. **Penalty:**
    1. First Violation: After confirmation of the first violation, the student shall lose eligibility for the next two (2) consecutive

interscholastic contests or two (2) weeks of a season in which the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program.

2. Second Violation: After confirmation of the second violation, the student shall lose eligibility for the next six (6) consecutive interscholastic contests in which the student is a participant or three (3) weeks, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program.
3. Third and Subsequent Violations: After confirmation of the third or subsequent violations, the student shall lose eligibility for the next twelve (12) consecutive interscholastic contests in which the student is a participant or four (4) weeks, whichever is greater. If after the third or subsequent violations, the student has been assessed to be chemically dependent and the student on her/his own volition becomes a participant in a chemical dependency program or treatment program, then the student may be certified for reinstatement in MSHSL activities after a minimum period of six (6) weeks. Such certification must be issued by the director or a counselor of a chemical dependency treatment center.
4. Penalties are progressive and consecutive.
5. **Denial Disqualification: A student shall be disqualified from all inter-scholastic athletics for nine (9) additional weeks beyond the student's original period of ineligibility when the student denies violation of the rule, is allowed to participate and then is subsequently found guilty of the violation.**

C. **Penalties for Category II Activities**

**Definition - Category II Activities:** Those League-sponsored activities in which a member school does not have a schedule of interscholastic contests, exclusive of League-sponsored tournaments.

Fine Arts Activities

1. Speech activities including One Act Play when a school schedules no interscholastic contests and participates only in the League-sponsored tournament series.
2. Music Activities.
3. Visual Arts Activities.

Each member school shall develop penalties which it will apply to the participants in these activities. A copy of the member school's policy shall be filed in the principal's office.

13. **\*SEXUAL/RACIAL/RELIGIOUS HARASSMENT / VIOLENCE AND HAZING**

A. **Reference Bylaw 209.00:**

A student shall not engage in the sexual, racial, religious harassment, violence or hazing during the school year or any portion of an activity season that occurs prior to the start of the school year or after the close of the school year.

B. **Reporting Procedures:**

1. Any person who believes he or she has been the victim of sexual, racial, religious harassment, violence or hazing or any person with knowledge or belief of conduct, which may constitute hazing, shall report the alleged acts immediately to an appropriate school district official designated by this policy.
2. The building principal is the person responsible for receiving reports of sexual, racial, religious harassment, violence or hazing at the building level. Any person may report hazing directly to a school district human rights officer or to the superintendent.
3. Teachers, administrators, officials, volunteers, and employees of the school district shall be particularly alert to possible situations, circumstances or events which might include sexual, racial, religious harassment, violence or hazing. Any such person who receives a report of, observes, or had other knowledge or belief of conduct, which may constitute sexual,

racial, religious harassment, violence or hazing, shall inform the building principal immediately.

4. Submission of a good faith complaint or report of sexual, racial, religious harassment, violence or hazing will not affect the complainant or reporter's future employment, grades or work assignments.

C. **Reprisal**

The school district will discipline or take appropriate action against any student, teacher, administrator, volunteer, coach, official contractor or employee of the school district who retaliates against any person who makes a good faith report of alleged sexual, racial, religious harassment, violence or hazing or against any person who testifies, assists, or participates in an investigation, or against any person who testifies, assists or participates in a proceeding or hearing relating to such sexual, racial, religious harassment, violence or hazing. Retaliation includes, but is not limited to, any form of intimidation, reprisal or harassment.

D. **Penalties for Category I Activities:**

1. First Violation: the student shall lose eligibility for the next two (2) consecutive interscholastic contests or two (2) weeks, 14 calendar days, of a season in which the student is a participant, whichever is greater. *Recommendations: 1) It is recommended that the school develop a local education program through which the student would receive information about sexual, racial, religious harassment, violence or hazing. 2) It is recommended that, when appropriate, the school refer a student to a community agency or a professional individual outside the school for counseling.*
2. Second Violation: the student shall lose eligibility for the next six (6) consecutive interscholastic contests or three (3) weeks, 21 calendar days, whichever is greater, in which the student is a participant. *Recommendation: It is recommended that before being re-admitted to activities following suspension for the second violation, the student shall show evidence in writing that the student has received counseling from a community agency or professional individual such as a school counselor, medical doctor, psychiatrist, or psychologist.*
3. Third or Subsequent Violations: the student shall lose eligibility for the next twelve (12) consecutive interscholastic contests or four (4) weeks, 28 calendar days, whichever is greater, in which the student is a participant.
4. Penalties are progressive and consecutive.

E. **Penalties for Category II Activities:**

Each member school shall develop penalties that it will apply to

the participants in these activities. A current copy of the member school's policy shall be kept on file in the member school.

14. **SERVING A MSHSL PENALTY** — A student must be a student in good standing, and able to be placed in the game, meet or contest except for the penalty being served. (Students who are not in good standing due to suspension, expulsion, injury, illness, family vacations, etc are not able to be placed in a game, meet or contest and are therefore not able to count those contests toward the penalty).
15. **PROGRESSIVE AND CONSECUTIVE PENALTIES:** Penalties shall be progressive and consecutive beginning with the student's first participation in a League activity and continuing through the student's high school career.
16. **COLLEGE/UNIVERSITY TEAMS** — Individuals who have participated with a college or university team are ineligible for participation in any activity of the League.
17. **FAIR HEARING PROCEDURE** — The League Constitution provides a Fair Hearing Procedure for the student or parent contesting a school's determination of ineligibility for a student. **The student has 10 calendar days in which to appeal the school's decision.** The appeals process includes an appeal before a hearing panel at the school and the right, if desired, to appeal that decision to the League's Board of Directors. An independent hearing examiner will hear the appeal and make written findings of fact, conclusions and a recommendation for the Board of Directors following the hearing. The Board's decision shall be final. A complete listing of the Fair Hearing Procedure may be obtained from the athletic director or principal of the high school or on Web at [www.mshsl.org](http://www.mshsl.org) in the Publications section.

## ATHLETIC RULES

1. **\*PHYSICAL EXAMINATION AND PARENTS PERMIT** — Any student who intends to participate in high school interscholastic athletics and cheerleading activities must have on file in the school, a record of a physical examination performed within the previous three (3) years. A health questionnaire shall be completed annually and could indicate the need for a physical examination prior to participation. The signature of the parent or guardian approving participation is required.
2. **LAST DATE TO JOIN A TEAM** — To be eligible for section and state competition, a student must be a member of that school's team not later than the fourth Monday from the official start of that sport season. Gymnasts must be on the school's team not later than the third Monday from the official start of that season. When a sport season begins on a Monday, that day shall be counted as the first Monday.
3. **NON-SCHOOL COMPETITION AND TRAINING FOR TEAM AND INDIVIDUAL SPORTS** —
  - A. **During the High School Season:** During the high school season a student may not participate as a member of a team or as an individual competitor in non-school sponsored games, meets, tournaments or contests, in the same sport. *Participation defined:*

*practice, training, tryouts, scrimmaging and competing. Season Defined: The high school season shall run from the first date that practice may begin until the team is eliminated in MSHSL tournament competition.* Baseball, Softball and Skiing are exceptions to this rule.

**Exception: Non-School Training During the High School Season for Athletes Who Qualify as Individual Competitors to the State Tournament: (Swimming, Cross Country, Tennis, Skiing, Gymnastics, Wrestling, Synchronized Swimming, Golf, and Track and Field)**

- i. **Lessons/Training:** During the MSHSL high school season athletes may take lessons from professionals and other non-school coaches without limit as to where, when or who may provide the training. Athletes may not miss a high school practice, game, or meet to take a lesson or train for a non-school event. Athletes may take lessons and or train with a non-school team/club during the high school season in the same sport.
- ii. **Competition:** Athletes will be able to compete in non-school events/competitions that do not match the events in which

athletes currently compete in high school competition.

Exception: Summer Vacation Period — Students may participate in non-school competitions, meets, games, tournaments in the same sport they currently play at the high school level during the summer vacation period. *See definition of summer vacation below: 14.C.*

Summer Coaching waiver: If a student participates on a team coached by a member of the high school coaching staff, coaching contact shall end on July 31 unless a conditional extension to the summer waiver is granted by the school's athletic director.

Students may take private lessons during the MSHSL season.

- B. During the School Year, Prior To and Following the High School Sports Season:** A student may participate in contests, meets or tournaments as an individual competitor or as a member of a non-school team provided that these activities are voluntary and not influenced or directed by a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff.
1. A student may not use any type of high school uniform.
  2. A student may not receive coaching or training from a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff in that sport. Power skating, tennis, gymnastics, and indoor soccer are included in this limitation.
  3. A student may receive training through private lessons from a person who is not a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff in that sport.
  4. A student's fee for non-school coaching or training must be provided by the student or the student's parent(s) or guardian(s) unless approved by the Board of Directors.
- C. Summer Vacation Period:**  
A student may compete as an individual or as a member of a nonschool team even though competing on a high school team in the same sport. *Summer shall be defined as June 1 through Labor Day. Summer for the sport of soccer shall be defined as June 1 through Sunday immediately preceding the official starting date of the MSHSL high school soccer season. Note: Students may participate in activities during the summer, as defined above, even though their high school sport season in the same sport has begun. For example, students may play in a non-school tennis tournament while a member of the high school team or participate in road races while a member of the cross country team through Labor Day. Soccer is excluded from dual participation as defined above.*
- D. Penalty:**
1. First Violation: After confirmation of the first violation, the student shall lose eligibility in that sport for the next two (2) consecutive interscholastic contests or two (2) weeks of that season, whichever is greater. If there are fewer than two (2) events remaining in that sport, the loss of eligibility will continue into the next season in that sport. Note: This means that a senior who violates the bylaws at the end of one sport season will lose eligibility for two (2) games in the next sport season in which the student participates.
  2. Second Violation: After confirmation of the second violation, the student shall lose eligibility in that sport for the next six (6) consecutive interscholastic contests or three (3) weeks, whichever is greater.
  3. Third Violation: After confirmation of the third or subsequent violations, the student shall lose eligibility in that sport for the next twelve (12) consecutive interscholastic contests or four (4) weeks, whichever is greater.
  4. Penalties are progressive and consecutive.
- E. Special Considerations:**
1. National Teams and Olympic Development Programs  
The MSHSL may permit participation by high school students on bona fide national teams or in Olympic development

programs if:

- a. The program is approved and supported by the national governing body of the sport or if there is an Olympic development program of training and competition.
  - b. Directly funded by a national governing body on a national level.
  - c. Authorized by a national governing body for athletes having potential for future national team participation.
- Students who are invited to participate on National Teams or in Olympic Development Programs must contact their high school principal to obtain an application form. This must be completed at least thirty (30) days prior to participation.
2. During the school year, students who participate for their school in a sport may participate through training, try-out or competition on a National Team or in a United States Olympic Development Program provided the student receives an individual invitation from the United States Olympic Committee or the United States National Governing Body on the national level for that sport.
  3. Students who have completed their eligibility in a sport are exempt from the non-school competition and training rules in that sport.
- 4. ATHLETIC CAMPS AND CLINICS —**
- A. School Year:** Students may attend athletic camps and clinics which have been approved by their high school principal.
- B. Summer Vacation Period:** Non-school specialized athletic camps and clinics do not require approval.
1. The non-school sponsored camp or clinic fee must be provided by the student or the student's parent(s) or guardian, unless other arrangements are approved by the Board of Directors.
  2. A student may attend a camp or clinic where a member of the school's coaching staff (sophomore, B-Squad, junior varsity or varsity) in that sport owns, administers, directs, organizes, or serves as an instructor or is a staff member during the student's attendance.
- C. Penalty:**
1. First Violation: After confirmation of the first violation, the student shall lose eligibility in that sport for the next two (2) consecutive interscholastic contests or two (2) weeks of that season, whichever is greater. If there are fewer than two (2) events remaining in that sport, the loss of eligibility will continue into the next season in that sport. Note: This means that a senior who violates the bylaws at the end of one sport season will lose eligibility for two (2) games in the next sport season in which the student participates.
  2. Second Violation: After confirmation of the second violation, the student shall lose eligibility in that sport for the next six (6) consecutive interscholastic contests or three (3) weeks, whichever is greater.
  3. Third Violation: After confirmation of the third or subsequent violations, the student shall lose eligibility in that sport for the next twelve (12) consecutive interscholastic contests or four (4) weeks, whichever is greater.
- 5. TRANSFER RULE — Bylaw 111**
- A.** A transfer student is eligible for varsity competition provided the student was in good standing on the date of withdrawal from the last school the student attended and one (1) of the provisions in Section B (below) is met.
- B.** A transfer student is eligible for varsity competition if:
1. 9<sup>th</sup> Grade Option: The student is enrolling in 9<sup>th</sup> grade for the first time.
  2. Family Residence Change: the student transfers from one public school district attendance area to another public school district attendance area at any time during the calendar year in which there is a change of residence and occupancy in Minnesota by the student's parents. If the student's parents move from one public school district attendance area to

another public school district attendance area, the student will be eligible at the public school in the new public school attendance area or a non-public school if the student transfers at the same time the student's parents move.

If the parents move from one public school district attendance area to another, the student shall continue to be fully eligible if the student continues enrollment in the prior school for the balance of the current marking period or for the balance of the academic school year. If the student elects either of the current enrollment options above, the student will be fully eligible upon transfer to the new school.

A student who elects not to transfer upon a parent's change in residence shall continue to be eligible at the school in which the student is currently enrolled.

3. Court Ordered Residence Change for Child Protection: the student's residence is changed pursuant to a child protection order placement in a foster home, or a juvenile court disposition order.
  4. Divorced Parents: a student of legally divorced parents who have joint physical custody of the student may move from one custodial parent to the other custodial parent and be fully eligible at the public school in the new public school district attendance where the residence of the receiving parent is located. The student may utilize this provision only one time during grades 9-12 inclusive.
  5. Move from Out of State: if a student's parents move to Minnesota from a state or country outside of Minnesota and if the student moves at the same time the parent establishes a residence in a Minnesota public school district attendance area, the student shall be eligible at the first school the student attends in Minnesota.
- C. If none of the provisions in Athletic Rule 5.B.2.1-5 (above) are met, the student is ineligible for varsity competition for a period of one (1) calendar year beginning with the first day of attendance in the new school.
1. Students are immediately eligible for competition at the non-varsity level.
  2. A student may not obtain eligibility as a result of a transfer. If at the time of transfer the student was not fully eligible in the previous school, the student shall be ineligible in the new school. A student who was not in good standing at the time of transfer shall be ineligible until the penalty from the previous school has been served.
  3. Each time a student transfers and the conditions of the transfer do not meet any of the provisions of Bylaw 111.1.B.i-v, the student will be ineligible for varsity competition for a period of one (1) calendar year beginning with the first day of attendance at the new school. For example, if a student, while serving a one-year transfer suspension, transfers to another school and none of the provisions of Bylaw 111.1.B.i-v are met, an additional one-year suspension will be applied. The student will begin serving the additional one-year suspension immediately following the completion of the previous

one-year suspension.

4. Enrollment Options Program: a student who utilizes Minnesota Statute 124D.03 Enrollment Options Programs, and transfers without a corresponding change of residence by the student's parents shall elect one of the following:
  - a. retain full eligibility for varsity competition for one (1) calendar year at the school where the student was enrolled prior to the transfer after which time the student shall become fully eligible at the school to which the student has open enrolled; or
  - b. be eligible only at the non-varsity level in the school to which the student has open enrolled for one (1) calendar year.
5. A student who transfers from one MSHSL member school to another MSHSL member school is ineligible for varsity competition for fifteen (15) calendar days from the first day the student attends practice in the fall or attends classes in the new school for the first time. Upon transfer, the student will be ineligible at the former school and may practice at the new school but may not compete in any varsity activity at the new school. The student will retain full eligibility at the former school if the student chooses to return to the former school during the fifteen (15) calendar day period. If the student remains at the new school, following the fifteen (15) calendar day period, the student will become eligible at the varsity level only when the student has fully met all of the transfer criteria and has been deemed to be eligible both by the new school and the League office. If any of the transfer criteria has not been met, the student will be ineligible for varsity competition at the new school and must then choose between varsity eligibility at the former school or JV eligibility at the new school.
  - a. The student may elect to decline the 15-day window to become eligible to compete at the varsity level at the Receiving School once the school administration determines the student has met all of the varsity participation eligibility criteria.
  - b. A student may utilize this provision one time per 365 calendar day period.

*REV. 5-22-19*

# CONCUSSION MANAGEMENT RECOMMENDATIONS FOR MSHSL ATHLETES



## **Acute injury**

When a player shows any symptoms or signs of a concussion, the following should be applied.

1. The player should not be allowed to return to play in the current game or practice.
2. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours after injury.
3. The player should be medically evaluated after the injury.
4. Return to play must follow a medically supervised stepwise process.

A player should never return to play while symptomatic. "When in doubt, sit them out!"

## **Return to play protocol**

Return-to-play decisions are complex. An athlete may be cleared to return to competition only when the player is free of all signs and symptoms of a concussion at rest and during exercise. Once free of symptoms and signs of concussion, a stepwise symptom free exercise process is required before a player can return to competition.

- Each step requires a minimum of 24 hours.
- The player can proceed to the next level only if he/she continues to be free of any symptoms and or signs at the current level.
- If any symptoms or signs recur, the player should drop back to the previous level.

The return to play after a concussion follows a stepwise process:

1. No activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training.
3. Sport specific exercise—for example, skating in hockey, running in soccer; progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

The final return to competition decision is based on clinical judgment and the athlete may return only with written permission from a health care provider who is registered, licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment; is trained and experienced in evaluating and managing concussions; and is practicing within the person's medical training and scope of practice.

Neuropsychological testing or balance testing may help with the return to play decision and may be used after the player is symptom free, but the tests are not required for the symptom free player to return to play.

For more information please refer to the references listed below and [www.concussionsafety.com](http://www.concussionsafety.com).

## **Signs Observed by Coaching Staff**

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

## **Symptoms Reported by 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  
Does not "feel right"





# 2019-2020 MSHSL ELIGIBILITY STATEMENT

All MSHSL eligibility determinations are based on the most current official handbook found at [mshsl.org/handbook](http://mshsl.org/handbook)

**Statement to be signed by the participant from a MSHSL member school and by the participant's parent or guardian each school year prior to participation in that year.**

**Please check all items:**

- I have read, understand, and acknowledge receiving the 2019-2020 MSHSL Eligibility Brochure, which contains only a summary of the eligibility rules of the Minnesota State High School League. I understand that a copy of the Official Handbook of the MSHSL is on file with the senior high school athletic director and or principal and that I may review it, in its entirety, if I so choose. The Official Handbook and MSHSL bylaws are also posted on the MSHSL website: [www.MSHSL.org](http://www.MSHSL.org) under Handbook.
- We, the student and parent, have reviewed Concussion Management Recommendations for MSHSL Athletes contained in the Eligibility Brochure and on the following website:** [www.cdc.gov/headsup](http://www.cdc.gov/headsup)
- 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 MSHSL Bylaws in order to be eligible to represent my school in League-sponsored activities.
- I further understand that a member school of the MSHSL 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 MSHSL rules.

### 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 the principal. While a student not in good standing, a student may not serve any penalty for MSHSL Bylaw violations.**
- Informed Consent:** By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Herpes and Hepatitis B and others. Although serious injuries are not common, and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. 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 MSHSL-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.
- 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 2019-2020 MSHSL Eligibility Brochure and Statement.
- I/we acknowledge the electronic signature confirms I/we have read and reviewed the information contained in the contents of the Eligibility Brochure and Statement. I/we also acknowledge this electronic signature has the same legal effect, validity, and enforceability as a signature in a non-electronic form.

**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 High School League activities or events.**

I am a home school student? YES  NO  I am an online student? YES  NO

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Student's Printed Name Birth Date Grade in School

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Student's Signature Date

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Parent's or Guardian's Signature Date

# MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Last Sports Qualifying Physical Exam (SQPE) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check Yes or No boxes for each question or Circle question numbers for which you cannot answer.**

**IN THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire, HAVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR   |                          |                          |
| 2. In the last year, have you passed out or nearly passed out <i>during or after</i> exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last year, does your heart race or skip beats (irregular beats) during exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last year, do you get light-headed or feel more short of breath than expected during exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last year, have you had an unexplained seizure? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR   |                          |                          |
| 7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including an unexplained drowning or an unexplained car accident)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the last year, has anyone in your immediate family been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator? ....   | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL RISK QUESTIONS IN THE LAST YEAR   |                          |                          |
| 12. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.**

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I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

**Athletic/Activity Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)**

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SQPE Due \_\_\_\_/\_\_\_\_/\_\_\_\_

CLEARED FOR SPORTS: YES  NO

**COPY** Medical Eligibility Form for the student to return to the school. **KEEP** the complete document in the student's medical record.

## 2019-2020 SPORTS QUALIFYING PHYSICAL EXAMINATION MEDICAL ELIGIBILITY FORM

### Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 School: \_\_\_\_\_

I certify that the above student has been medically evaluated and is deemed medically eligible to: (Check Only One Box)

- (1) Participate in all school interscholastic activities without restrictions.  
 (2) Participate in any activity not crossed out below.

Sport Classification Based on Contact		
Collision Contact Sports	Limited Contact Sports	Non-contact Sports
Basketball Cheerleading Diving Football Gymnastics Ice Hockey Lacrosse Alpine Skiing Soccer Wrestling	Baseball Field Events: ❖ High Jump ❖ Pole Vault Floor Hockey Nordic Skiing Softball Volleyball	Badminton Bowling Cross Country Running Dance Team Field Events: ❖ Discus ❖ Shot Put Golf Swimming Tennis Track

Sport Classification Based on Intensity & Strenuousness				
Increasing Static Component	III. High (>50% MVC)	II. Moderate (20-50% MVC)		
		I. Low (<20% MVC)		
		A. Low (<40% Max O <sub>2</sub> )	B. Moderate (40-70% Max O <sub>2</sub> )	C. High (>70% Max O <sub>2</sub> )
↑↑↑↑↑	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†		Alpine Skiing*† Wrestling*	
↑↑↑↑		Diving*†	Dance Team Football* Field Events: ❖ High Jump ❖ Pole Vault*† Synchronized Swimming† Track — Sprints	Basketball* Ice Hockey* Lacrosse* Nordic Skiing — Freestyle Track — Middle Distance Swimming†
↑↑↑		Bowling Golf	Baseball* Cheerleading Floor Hockey Softball* Volleyball	Badminton Cross Country Running Nordic Skiing — Classical Soccer* Tennis Track — Long Distance

- (3) Requires additional evaluation before a final recommendation can be made.  
 Additional recommendations for the school or parents: \_\_\_\_\_  
 \_\_\_\_\_

- (4) Not medically eligible for:  All Sports  
 Specific Sports  
 Specify \_\_\_\_\_

**Sport Classification Based on Intensity & Strenuousness:** This classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (MaxO<sub>2</sub>) achieved and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in an increasing blood pressure load. The lowest total cardiovascular demands (cardiac output and blood pressure) are shown in lightest shading and the highest in darkest shading. The graduated shading in between depicts low moderate, moderate, and high moderate total cardiovascular demands. \*Danger of bodily collision. †Increased risk if syncope occurs. Reprinted with permission from: Maron BJ, Zipes DP. 36th Bethesda Conference: eligibility recommendations for competitive athletes with cardiovascular abnormalities. *J Am Coll Cardiol.* 2005; 45(8):1317-1375.

I have examined the student named on this form and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. The athlete does not have apparent clinical contraindications to practice and participate in the sport(s) as outlined on 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 physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Provider Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_  
 Print Provider Name: \_\_\_\_\_  
 Office/Clinic Name \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Office Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**IMMUNIZATIONS** [Tdap; meningococcal (MCV4, 2 doses); HPV (3 doses); MMR (2 doses); hep B (3 doses); hep A (2 doses); varicella (2 doses or history of disease); polio (3-4 doses); influenza (annual)]  
 Up-to-date (see attached school documentation)  Not reviewed at this visit

**IMMUNIZATIONS GIVEN TODAY:** \_\_\_\_\_

**EMERGENCY INFORMATION**

**Allergies** \_\_\_\_\_  
**Other Information** \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Personal Provider \_\_\_\_\_ Office Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This form is valid for 3 calendar years from above date with a normal Annual Health Questionnaire.  
**FOR SCHOOL ADMINISTRATION USE:**  [Year 2 Normal]  [Year 3 Normal]

2019-2020 SPORTS QUALIFYING PHYSICAL HISTORY FORM

Minnesota State High School League

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

Past and current medical conditions: \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgeries. \_\_\_\_\_

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 (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

Table with 5 columns: Not at all, Several days, Over half the days, Nearly every day. Rows include: Feeling nervous, anxious, or on edge; Not being able to stop or control worrying; Little interest or pleasure in doing things; Feeling down, depressed, or hopeless.

(If the sum of responses to questions 1 & 2 or 3 & 4 are >or = 3, evaluate.)

Circle Question Number (1) of questions for which the answer is unknown.

Circle Y for Yes or N for No

GENERAL QUESTIONS

- 1. Do you have any concerns that you would like to discuss with your provider?
2. Has a provider ever denied or restricted your participation in sports for any reason?
3. Do you have any ongoing medical issues or recent illness?

HEART HEALTH QUESTIONS ABOUT YOU\*

- 4. Have you ever passed out or nearly passed out during or after exercise?
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?
7. Has a doctor ever told you that you have any heart problems?
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.
9. Do you get light-headed or feel shorter of breath than your friends during exercise?
10. Have you ever had a seizure?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY\*

- 11. 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)?
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)?
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?

BONE AND JOINT QUESTIONS

- 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 game?
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?

MEDICAL QUESTIONS

- 16. Do you cough, wheeze, or have difficulty breathing during or after exercise?
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?
21. 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?
22. Have you ever become ill while exercising in the heat?
23. Do you or does someone in your family have sickle cell trait or disease?
24. Have you ever had, or do you have any problems with your eyes or vision?
25. Do you worry about your weight?
26. Are you trying to or has anyone recommended that you gain or lose weight?
27. Are you on a special diet or do you avoid certain types of foods or food groups?
28. Have you ever had an eating disorder?

FEMALES ONLY

- 29. Have you ever had a menstrual period?
30. How old were you when you had your first menstrual period?
31. When was your most recent menstrual period?
32. How many periods have you had in the past 12 months?

Notes: \_\_\_\_\_

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: \_\_\_/\_\_\_/\_\_\_

## 2019-2020 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

### Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Follow-Up Questions About More Sensitive Issues:**

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette, cigar, pipe, e-cigarette smoking, or vaping, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had any alcohol drinks, even just one?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any medications or supplements to help you gain or lose weight or improve your performance?
9. Question "Risk Behaviors" like guns, seatbelts, unprotected sex, domestic violence, drugs, and others.

**Notes About Follow-Up Questions:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### MEDICAL EXAM

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI (optional) \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Arm Span \_\_\_\_\_  
 Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y / N Contacts: Y / N Hearing: R \_\_\_\_ L \_\_\_\_ (Audiogram or confrontation)

Exam	Normal	Abnormal Findings	Initials*
<b>Appearance</b>			
Circle any Marfan stigmata present	→	Kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency	
<b>HEENT</b>			
Eyes			
Fundoscopy			
Pupils			
Hearing			
<b>Cardiovascular<sup>a</sup></b>			
Describe any murmurs present (standing, supine, +/- Valsalva)	→		
Pulses (simultaneous femoral & radial)			
<b>Lungs</b>			
<b>Abdomen</b>			
<b>Tanner Staging (optional)</b>	Circle	I II III IV V	
<b>Skin</b> (No HSV, MRSA, Tinea corporis)			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			
Functional (Double-leg squat test, single-leg squat test, and box drop or step drop test)			

<sup>a</sup> Consider ECG, echocardiogram, and/or referral to cardiology for abnormal cardiac history or examination findings

\* For Multiple Examiners

Additional Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Health Maintenance:  Lifestyle, health, immunizations, & safety counseling     Discussed dental care & mouthguard use  
 Discussed Lead and TB exposure – (Testing indicated / not indicated)     Eye Refraction if indicated

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ATHLETE WITH DISABILITIES SUPPLEMENT TO THE ATHLETE HISTORY

Minnesota State High School League

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- 1. Type of disability:
- 2. Date of disability:
- 3. Classification (if available):
- 4. Cause of disability (birth, disease, injury, or other):
- 5. List the sports you are playing:
- 6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? Y / N
- 7. Do you use any special brace or assistive device for sports? Y / N
- 8. Do you have any rashes, pressure sores, or other skin problems? Y / N
- 9. Do you have a hearing loss? Do you use a hearing aid? Y / N
- 10. Do you have a visual impairment? Y / N
- 11. Do you use any special devices for bowel or bladder function? Y / N
- 12. Do you have burning or discomfort when urinating? Y / N
- 13. Have you had autonomic dysreflexia? Y / N
- 14. Have you ever been diagnosed as having a heat-related or cold-related illness? Y / N
- 15. Do you have muscle spasticity? Y / N
- 16. Do you have frequent seizures that cannot be controlled by medication? Y / N

**Explain "Yes" answers here.**

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**Please indicate whether you have ever had any of the following conditions:**

- Atlantoaxial instability Y / N
- Radiographic (x-ray) evaluation for atlantoaxial instability Y / N
- Dislocated joints (more than one) Y / N
- Easy bleeding Y / N
- Enlarged spleen Y / N
- Hepatitis Y / N
- Osteopenia or osteoporosis Y / N
- Difficulty controlling bowel Y / N
- Difficulty controlling bladder Y / N
- Numbness or tingling in arms or hands Y / N
- Numbness or tingling in legs or feet Y / N
- Weakness in arms or hands Y / N
- Weakness in legs or feet Y / N
- Recent change in coordination Y / N
- Recent change in ability to walk Y / N
- Spina bifida Y / N
- Latex allergy Y / N

**Explain "Yes" answers here.**

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**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adapted from 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

## 2019-2020 PI ADAPTED ATHLETICS MEDICAL ELIGIBILITY FORM ADDENDUM

### Minnesota State High School League

**(Use only for Adapted Athletics - PI Division)**

The MSHSL has competitive interscholastic Physically Impaired (PI) competition. Students who are deemed fit to participate in competitive athletics from a MSHSL sports qualifying exam should meet the criteria below to participate in Adapted Athletics – PI Division.

The MSHSL Adapted Athletics PI Division program is specifically intended for students with physical impairments who have medically eligible to compete in competitive athletics. A student is administratively eligible to compete in the PI Division with one of the two following criteria:

The student must have a diagnosed and documented impairment specified from one of the two sections below: *(Must be diagnosed and documented by a Physician, Physician’s Assistant, and/or Advanced Practice Nurse.)*

1.     \_\_\_\_\_ Neuromuscular                     \_\_\_\_\_ Postural/Skeletal                     \_\_\_\_\_ Traumatic  
        \_\_\_\_\_ Growth                                 \_\_\_\_\_ Neurological Impairment

Which: \_\_\_\_\_ affects Motor Function                     \_\_\_\_\_ modifies Gait Patterns

(Optional) \_\_\_\_\_ Requires the use of prosthesis or mobility device, including but not limited to canes, crutches, walker or wheelchair.

2.     \_\_\_\_\_ Cardio/Respiratory Impairment that is deemed safe for competitive athletics, but limits the intensity and duration of physical exertion such that sustained activity for over five minutes at 60% of maximum heart rate for age results in physical distress in spite of appropriate management of the health condition.

**(NOTE:) A condition that can be appropriately managed with appropriate medications that eliminate physical or health endurance limitations WILL NOT be considered eligible for adapted athletics.**

**Specific exclusions to PI competition:**

The following health conditions, without coexisting physical impairments as outlined above, do not qualify the student to participate in the PI Division even though some of the conditions below may be considered Health Impairments by an individual’s physician, a student’s school, or government agency. This list is not all-inclusive, and the conditions are examples of non-qualifying health conditions; other health conditions that are not listed below may also be non-qualifying for participation in the PI Division.

Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), Emotional Behavioral Disorder (EBD), Autism spectrum disorders (including Asperger’s Syndrome), Tourette’s Syndrome, Neurofibromatosis, Asthma, Reactive Airway Disease (RAD), Bronchopulmonary Dysplasia (BPD), Blindness, Deafness, Obesity, Depression, Generalized Anxiety Disorder, Seizure Disorder, or other similar disorders.

Student Name \_\_\_\_\_

Provider (PRINT) \_\_\_\_\_

Provider (SIGNATURE) \_\_\_\_\_

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