

## ATHLETICS REGISTRATION



Maple Grove Senior High



Osseo Senior High



Park Center Senior High

The entire registration packet is to be filled out **ONCE** per school year.

Please read this material carefully.

Forms must be filled out **COMPLETELY** and returned under regulations of the ISD 279 High Schools and the Minnesota State High School League. Descriptions of the attached forms are listed below. **NOTE: Completion of items 1 and 2 listed below are required in order to participate in additional sports activities throughout the year.**

Athletic registrations will be accepted if you have 1) returned all uniforms from past season, 2) paid all fines and fees; and/or 3) returned district-owned books.

- 1. Emergency Card:** A new emergency card must be completed and signed by a parent/guardian for each athletic season. The coach will carry this card with him/her at all times.
- 2. Athletic Participation Fees - \$180 for all sports:** Make checks payable to your attendance high school. Please note that the district has determined the *student cap* for activities' fees per athlete for a school year is \$360, and the *family cap* for activities' fees for a school year is \$750. **NOTE:** If you qualify for the *free lunch* program, your fee will be waived. If you qualify for the *reduced lunch* program your fee will be \$90.00. *In order to qualify for this fee adjustment you MUST provide a copy of a current Letter of Approval from the district's food services office (sample is attached); or a copy of the DHS form from the State of Minnesota. Activity fees cannot be adjusted/waived without a copy of one of these forms.* If you do not have a copy of your Letter of Approval, contact ISD 279 food services department at 763-391-7129 for a copy.
- 3. General Information and Insurance Waiver Form:** This form must be signed by parent/guardian and athlete releasing the school district from any claims and/or demands in connection with athletic injuries, and will be kept in the activities office.
- 4. Physical Examination Form:** *All athletes must have a completed physical form on file in the office of the activities coordinator.* The physical form is valid for three (3) years from the date of the actual exam and will be checked when you register. It is the athlete's responsibility to get a copy of any previous qualifying physical to the high school activities office.
- 5. MSHSL Athletic Eligibility Brochure/Statement:** *Signed by parent/guardian and athlete* this statement acknowledges their receipt of the Athletic Eligibility brochure which contains a summary of the eligibility rules of the Minnesota State High School League.
- 6. Athletic Trainer Consent to Treat Form:** *This form must be completely filled out and signed.* It will allow the athletic trainer to treat your athlete and to share information to a clinic or hospital.
- 7. Student Transfer Checklist:** *All transfer students, including transfers within ISD 279, must complete this form.*
- 8. Conflict Resolution Process:** *KEEP this for your information:* Do not turn this in with your registration forms.
- 9. Insurance:** *ISD 279 does not carry individual athlete insurance.* Information is available for insurance you may purchase for a nominal fee through Student Assurance Services, Inc.

It is recommended for forms to be turned in at least three (3) days or more before your sport begins. Registration forms are to be turned into the activities office in person. Do not give to coach or send by mail. If you have questions, please contact the activities office at your attendance high school.

# General Information and Insurance Waiver

(For Permanent File in Activities Office)

Sport \_\_\_\_\_ Date \_\_\_\_\_ Graduation Year \_\_\_\_\_

**If you are a 7<sup>th</sup>, 8<sup>th</sup> or 9<sup>th</sup> grade student and plan to participate at the High School, you are required to participate in the High School boundary attendance area in which you live.**

**Student:**

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Student ID # \_\_\_\_\_ Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date, school and address where you first entered 9<sup>th</sup> grade: \_\_\_\_\_

**If you are a transfer student:** List your prior school(s) and complete the attached Student Transfer Checklist:

\_\_\_\_\_

**Parent/Guardian:**

Father's Name \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_

**Family Physician:**

Clinic Name \_\_\_\_\_ Dr.'s Name \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I/we have read and understand the following:

**Athletic Fees:**

- We understand that fees are refunded only if the athlete \_\_\_\_\_  
is cut from the team or quits before the first official contest. (Student Signature)

**Conflict Resolution Policy:**

- We have read the enclosed conflict resolution policy and \_\_\_\_\_  
agree to follow the steps described if needed. (Parent/Guardian Signature)

**Insurance:**  Yes, we wish to purchase the insurance offered through the school

No, we do not wish to purchase the insurance offered through the school

**Athletic Insurance Waiver – MUST BE SIGNED AND DATED**

We recognize that Independent School District 279 does not carry insurance to cover expenses incurred through injuries in the athletic program. We, (the undersigned) hereby release the School District from any claims and demands in connection with athletic injuries suffered by the student named below.

\_\_\_\_\_ (Current Date)

\_\_\_\_\_ (Student Signature)

\_\_\_\_\_ (Parent/Guardian Signature)



# 2011-2012

## 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 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 7 items, see your athletic/activities director or principal)

- \_\_\_\_\_ 1. Making academic progress toward graduation.
- \_\_\_\_\_ 2. Will not have turned 21 before the start of the season in which I participate.
- \_\_\_\_\_ 3. Have not dropped out of school or repeated a grade while in high school.
- \_\_\_\_\_ 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, or drug paraphernalia.
- \_\_\_\_\_ 5. Have not and will not violate the racial/religious/sexualharassment/violence/and hazing bylaws of the MSHSL.
- \_\_\_\_\_ 6. I agree to fully cooperate in any investigation honestly and truthfully.
- \_\_\_\_\_ 7. **Both the student and parent have reviewed the concussion management information contained in the Eligibility Brochure and found on the League website [www.mshsl.org](http://www.mshsl.org).**

**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 RULES

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.
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. Students must be properly registered, attending school and classes regularly. Students must be on track to meet the school's graduation requirements in six years (12 consecutive semesters) beginning with the first day of attendance in the 7<sup>th</sup> grade.
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.

6. **\*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.

7. **\*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.
8. **\*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.
9. **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.
10. **\*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.

11. **\*MOOD-ALTERING CHEMICALS**

A. **Bylaw**

**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; or, (3) use or consume, have in possession, buy, sell, or give away any other controlled substance or drug paraphernalia.**

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.**

12. **\*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.

13. **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).

14. **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.

15. **COLLEGE/UNIVERSITY TEAMS** — Individuals who have participated with a college or university team are ineligible for participation in any activity of the League.

16. **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, Synchronize Swimming, Golf, and Track and Field)**

**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.

**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 9th 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 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. Custody of Student: 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 time of the move. 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.
  6. 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.

- 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.

Each time a student transfers and the conditions of the transfer do not meet any of the provisions of Bylaw 111.2.A-E, 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 111.2.A-E 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.

\* Denotes rules applicable to cheerleaders

*Revised 6-23-11*



## 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

As described above, most injuries will be simple concussions, and such injuries recover spontaneously over several days. In these situations, it is expected that an athlete will proceed rapidly through the stepwise return to play strategy.

During this period of recovery in the first few days after an injury, it is important to emphasize to the athlete that physical and cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery.

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.

With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. If any post-concussion symptoms occur, the patient should drop back to the previous asymptomatic level and try to progress again after 24 hours.

In cases of complex concussion, the rehabilitation will be more prolonged, and return to play advice will be more circumspect. It is envisaged that complex cases should be managed by doctors with a specific expertise in the management of such injuries.

An additional consideration in return to play is that concussed athletes should not only be symptom-free but also should not be taking any pharmacological agents/drugs that may affect or modify the symptoms of concussion. If antidepressant treatment is started during the management of a complex concussion, the decision to return to play while still receiving such medication must be considered carefully by the clinician concerned (see below).

When there are team physicians experienced in concussion management with access to immediate—that is, sideline—neurocognitive assessment, return to play management is often more rapid, but it must still follow the same basic principles, namely full clinical and cognitive recovery before consideration of return to play.

Neurocognitive testing, utilizing computerized program like CogSport (Concussion Sentinel), Impact, and Headminders, can be a useful adjunct to the management of concussion in high school athletes and are best applied to the management of concussion when there is a baseline test to use for comparison after concussion. Baseline testing should be considered for athletes competing in contact sports, especially football, ice hockey, soccer, wrestling, and basketball. Testing is most cost effectively applied after symptoms have resolved.

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"



# 2011-2012 MSHSL ELIGIBILITY STATEMENT

Statement to be signed by the participant from a MSHSL member school and by the participant's parent or guardian

Please check all items

- I have read, understand, and acknowledge receiving the 2011-2012 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 Web site: [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 found on the League's website [www.mshsl.org](http://www.mshsl.org).
- 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.
- 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 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.**

Student's Printed Name

Birth Date

Grade in School

Student's Signature

Date

Parent's or Guardian's Signature

Date



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

### 2011- 2012 SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sports: \_\_\_\_\_

I certify that the above student has been medically evaluated and is deemed to be physically fit 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 Dance Team Field Events: ❖ Discus ❖ Shot Put Golf Running Swimming Tennis Track

Sport Classification Based on Intensity & Strenuousness			
Increasing Static Component	Increasing Static Component → → → → →		
	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> )
III. High (>50% MVC)	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†	Alpine Skiing*† Wrestling*	
II. Moderate (20-50% MVC)	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†
I. Low (<20% MVC)	Bowling Golf	Baseball*† Cheerleading Floor Hockey Softball*† Volleyball	Badminton Cross Country Running Nordic Skiing — Classical Soccer*† Tennis Track — Long Distance

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

(4) Not cleared for:  All Sports  
 Specific Sports \_\_\_\_\_  
Reason: \_\_\_\_\_

**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 above named student and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents.

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

Valid for 3 years from above date with a normal Annual Health Questionnaire.  [Year 2 Normal]  [Year 3 Normal]

**IMMUNIZATIONS** [Consider Td or Tdap (age 12); MMR (2 required); hep B (3 required); varicella (2 required or history of disease); poliomyelitis (IPV); influenza]

Up-to-date (see attached school documentation)  Not up-to-date / Specify \_\_\_\_\_  
**IMMUNIZATIONS GIVEN TODAY:** \_\_\_\_\_

#### EMERGENCY INFORMATION

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

2011-2012 SPORTS QUALIFYING PHYSICAL HISTORY FORM
Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

History

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

Circle Y for Yes or N for No

GENERAL QUESTIONS

- 1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports? Y/N
2. Do you have an ongoing medical condition (like diabetes, asthma, anemia, infections)? Y/N
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Y/N
List:
4. Do you have allergies to medicines, pollens, foods, or stinging insects? Y/N
5. Have you ever spent the night in a hospital? Y/N
6. Have you ever had surgery? Y/N

HEART HEALTH QUESTIONS ABOUT YOU

- 7. Have you ever passed out or nearly passed out DURING exercise? Y/N
8. Have you ever passed out or nearly passed out AFTER exercise? Y/N
9. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Y/N
10. Does your heart race or skip beats (irregular beats) during exercise? Y/N
11. Has a doctor ever told you that you have? (circle):
High blood pressure A heart murmur High cholesterol A heart infection Rheumatic fever Kawasaki's Disease
12. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram, stress test) Y/N
13. Do you get lightheaded or feel more short of breath than expected during exercise? Y/N
14. Have you ever had an unexplained seizure? Y/N
15. Do you get more tired or short of breath more quickly than your friends during exercise? Y/N

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

- 16. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including unexplained drowning, unexplained car accident, or sudden infant death syndrome)? Y/N
17. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? Y/N
18. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? Y/N
19. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? Y/N

BONE AND JOINT QUESTIONS

- 20. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? Y/N
21. Have you had any broken or fractured bones or dislocated joints? Y/N
22. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? Y/N
23. Have you ever had a stress fracture? Y/N
24. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) Y/N
25. Do you regularly use a brace, orthotics or other assistive device? Y/N
26. Do you have a bone, muscle, or joint injury that bothers you? Y/N
27. Do any of your joints become painful, swollen, feel warm, or look red? Y/N
28. Do you have any history of juvenile arthritis or connective tissue disease? Y/N

MEDICAL QUESTIONS

- 29. Has a doctor ever told you that you have asthma or allergies? Y/N
30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise? Y/N
31. Is there anyone in your family who has asthma? Y/N
32. Have you ever used an inhaler or taken asthma medicine? Y/N
33. Do you develop a rash or hives when you exercise? Y/N
34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ? Y/N
35. Do you have groin pain or a painful bulge or hernia in the groin area? Y/N
36. Have you had infectious mononucleosis (mono) within the last month? Y/N
37. Do you have any rashes, pressure sores, or other skin problems? Y/N
38. Have you had a herpes or MRSA skin infection? Y/N
39. Have you ever had a head injury or concussion? Y/N
40. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems? Y/N
41. Do you have a history of seizure disorder? Y/N
42. Do you have headaches with exercise? Y/N
43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Y/N
44. Have you ever been unable to move your arms or legs after being hit or falling? Y/N
45. Have you ever become ill while exercising in the heat? Y/N
46. Do you get frequent muscle cramps when exercising? Y/N
47. Do you or someone in your family have sickle cell trait or disease? Y/N
48. Have you had any problems with your eyes or vision? Y/N
49. Have you had any eye injuries? Y/N
50. Do you wear glasses or contact lenses? Y/N
51. Do you wear protective eyewear, such as goggles or a face shield? Y/N
52. Do you worry about your weight? Y/N
53. Are you trying to or has anyone recommended that you gain or lose weight? Y/N
54. Are you on a special diet or do you avoid certain types of foods? Y/N
55. Have you ever had an eating disorder? Y/N
56. Do you have any concerns that you would like to discuss with a doctor? Y/N

FEMALES ONLY

- 57. Have you ever had a menstrual period? Y/N
58. How old were you when you had your first menstrual period? \_\_\_\_\_
59. How many menstrual periods have you had in the last year? \_\_\_\_\_

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

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

Student-Athlete Signature

Date

## 2011-2012 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

### Minnesota State High School League

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

**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 smoking, 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 at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any 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 Notes	Initials*
<b>Appearance</b>	Y / N		
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	Y / N		
<b>HEENT</b>	Y / N		
Eyes	Y / N		
Fundoscopy	Y / N		
Pupils	Equal / Unequal		
Hearing	Y / N		
<b>Cardiovascular</b>	Y / N		
Murmurs (auscultation standing, supine, +/- Valsalva)	Y / N		
PMI location			
Pulses (simultaneous femoral & radial)	Y / N		
<b>Lungs</b>	Y / N		
<b>Abdomen</b>	Y / N		
<b>Genitourinary (Male)</b>	Y / N		
Hernia	Y / N		
<b>Tanner Staging (optional)</b>	I II III IV V		
<b>Skin (HSV, MRSA, Tinea corporis)</b>	Y / N		
<b>Musculoskeletal</b>			
Neck	Y / N		
Back	Y / N		
Shoulder/Arm	Y / N		
Elbow/Forearm	Y / N		
Wrist/Hand/Fingers	Y / N		
Hip/Thigh	Y / N		
Knee	Y / N		
Leg/Ankle	Y / N		
Foot/Toes	Y / N		
Functional (Duck Walk/Single Leg Hop)	Y / N		

\* Required Only if Multiple Examiners

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

**Assessment:**  Cleared for sports without restriction  Restricted participation (see Clearance Form)  
**Plan:** *Immunizations:*  Up-to-Date  Immunize if needed (Required by age 12: DTaP series plus Td with Pertusis (Tdap), 4 Hib, 2 MMR, 3 HBV, 4 IPV, 2 varicella)  
 Consider Flu Shot (Asthma, winter athletes)  
*Health Maintenance:*  Lifestyle, health, and safety counseling  Discussed dental care and mouthguard use  
 Discussed Lead and TB exposure – (Testing indicated / not indicated)

Attending Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Minnesota State High School League  
2011-2012 PI ADAPTED ATHLETICS PHYSICAL EXAM FORM Addendum  
(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 medical clearance to compete in competitive athletics. A student is eligible to compete in the PI Division with one of the 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 and/or Physicians Assistant.)

- 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 \_\_\_\_\_

Attending Physician/Physician Assistant (PRINT) \_\_\_\_\_

Attending Physician/Physician Assistant (SIGNATURE) \_\_\_\_\_

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



AD Clearance \_\_\_\_\_

# District 279 Athletic Emergency Information Card

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_ School Year \_\_\_\_\_

Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone (include name) Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell Phone Numbers Father \_\_\_\_\_ Mother \_\_\_\_\_

E-Mail Address Father \_\_\_\_\_ Mother \_\_\_\_\_

E-Mail Address (work) Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Information (other than parent/guardian)

Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Limitations and/or Allergies \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



AD Clearance \_\_\_\_\_

# District 279 Athletic Emergency Information Card

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_ School Year \_\_\_\_\_

Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone (include name) Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell Phone Numbers Father \_\_\_\_\_ Mother \_\_\_\_\_

E-Mail Address Father \_\_\_\_\_ Mother \_\_\_\_\_

E-Mail Address (work) Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Information (other than parent/guardian)

Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Limitations and/or Allergies \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

# DISTRICT 279 ATHLETIC/ACTIVITIES CONFLICT RESOLUTION PROCESS

## **INTRODUCTION**

The District 279 Conflict Resolution Process has been developed for the purposes of establishing and maintaining the lines of communications between the school, parents/guardians and students and for the resolution of concerns related to the athletic/activities programs. This process is a means by which concerns/problems about the programs can be resolved.

In order to establish a positive atmosphere and assure that the proper channels of communication will not be circumvented, a process has been outlined for the use of the student/athlete, parent, coach/advisor and administrators. All participants in the process are to adhere to the guidelines at all levels of the process. Any deviation from this plan will result in the expiration of the conflict resolution process.

## **PROCESS**

### **Level 1**

If a student and/or parent has a concern about an athletic/activities program, decision, and/or coach/advisor, it is his/her responsibility to complete the following portion of the conflict resolution process:

- A. A parent/student must initiate the conflict resolution process within five school days of the incident, decision or action that is under question. Written notice must be made to the Activities Coordinator and must include a brief description of the concern.
- B. The student/parent is to meet with the coach/advisor and discuss the concern/problem with him/her with the intent to resolve the issue. (If the problem involves an assistant coach/advisor, the head coach/advisor of that sport/activity is to be involved in the meeting.)
  1. Parents/students are to address themselves only to problems/concerns related to themselves. In order to be in compliance to the "Privacy in Information Act", problems/concerns related to other students/athletes are not to be discussed.
- C. The coach/advisor involved in the conference is responsible for completing a written summary of the conference which will include any resolution/decisions reached in the conference. The coach/advisor will give/mail a copy of the summary to all participants in the conference within five school days and will forward a copy of the summary to the Activities Coordinator.

### **Level 2**

If either party has not been satisfied by the proposed resolution of the problem on Level 1, they have the option to request a continuation of the process to Level 2.

- A. Either party has the option within five days after Level 1 has been completed to submit written notification to the Activities Coordinator requesting a Level 2 conference.

Failure to comply during the stated period of time will result in termination of the process. Initiation of Level 2, however, cannot be started unless all of the steps in Level 1 have been completed.

- B. The student/parent is to meet with the coach/advisor and the Activities Coordinator and discuss the concern/problem with him/her or the program with the intent to resolve the concern. (If the problem involves an assistant coach/advisor, the head coach/advisor of that sport is to be involved in the meeting.)
  1. Parents/students are to address themselves only to problems/concerns related to themselves. In order to be in compliance to the "Privacy in Information Act" problems/concerns related to other students/athletes are not to be discussed.
- C. The Activities Coordinator involved in the conference is responsible for completing a written summary of the conference which will include any resolutions/decisions reached at the meeting. The Activities Coordinator will give/mail a copy of the summary to all the participants in the conference within five school days and will forward a copy of the summary to the principal.

### **Level 3**

If either party has not been satisfied by the Level 2 resolution of the problem, they have the option to request a continuation of the process to Level 3. Either party has the option within five days after Level 2 has been completed to submit the necessary written notification to the Activities Coordinator requesting a Level 3 conference.

- A.** The student/parent is to meet with the principal and discuss the concern/problem with him/her with the intent to resolve the concern.
  - 1.** Parents/students are to address themselves only to problems/concerns related to themselves. In order to be in compliance with the "Privacy in Information Act," problems/concerns related to other students/athletes are not to be discussed.

The principal is responsible for completing a written summary of the conference which will include any resolutions/decisions reached in the meeting. The principal will give/mail a copy of the written judgment to all the participants in the conference within five school days.

# INSTITUTE For ATHLETIC MEDICINE

*Specialists in Orthopedic and Sports Rehabilitation*

A service of Fairview and North Memorial

7201 Washington Ave. S.  
Edina, MN 55439

(952) 944.6659

Fax (952) 944-0092

[www.athletic-medicine.org](http://www.athletic-medicine.org)

## ATHLETIC TRAINER CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Student Athlete Name \_\_\_\_\_ Sport \_\_\_\_\_  
(Please print clearly)

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Optional)

Phone Numbers (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

I understand that the school staffs a certified athletic trainer through the Fairview Health Services Institute for Athletic Medicine for the purposes of education student-athletes and preventing and treating injuries to student-athletes while participating in school-related events and programs during the school year.

**I consent to the athletic trainer treating injuries and authorize the athletic trainer to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff, scouts and other qualified health care providers as deemed necessary within their scope of practice. Additionally, I authorize the athletic trainer to post sign-in-sheets in the training facility or in any other area where sign-in-sheets are normally kept, which state my name, date of injury and treatment realizing that other students, staff or others may view that information.**

**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.**

Other Information:

- I understand I may revoke this authorization by written request at any time to the address listed at the top of this form. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- This authorization will automatically expire one year from the date of my signature, or a lesser period of time as specified here: \_\_\_\_\_. The expiration period noted here may exceed one year only in certain situations as specified by law.
- I understand that once information is released pursuant to this authorization, Fairview Health Services doing business as Institute of Athletic medicine can not prevent the re-disclosure to another third party.
- I understand this authorization must be filled out completely and signed in order to be considered valid. A copy that has not been altered will be considered as valid as an original.
- Fairview will not condition treatment on my signing this authorization.
- I acknowledge that I have received a copy of Fairview's Notice of Privacy Practices and I understand that Fairview Health Services "Notice of Privacy Practices" may be reviewed on Fairview Health Services web page at <http://www.fairview.org/privacy/> and choose "Notice of Privacy Practices-Fairview Provider."

I have read this form and understand its contents at this date and time.

\_\_\_\_\_  
Signature of Patient/Authorized Person  
(If authorized person is signing, please also print name.)

\_\_\_\_\_  
Authorized Person's authority to sign.  
(Parent, guardian, power of attorney, etc.)

\_\_\_\_\_  
Date

REASON PATIENT IS UNABLE TO SIGN \_\_\_ Minor \_\_\_ Disability \_\_\_ Other \_\_\_\_\_

# MINNESOTA STATE HIGH SCHOOL LEAGUE

## Student Transfer Checklist:

***\*\*All transfer students, including any transfer within District 279, must complete this form and turn in to the Activities Office***

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

2. Student's Grade in School \_\_\_\_\_ Graduation Year \_\_\_\_\_

3. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_

4. Are you entering 9<sup>th</sup> grade for the first time? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Date you first entered 9<sup>th</sup> grade \_\_\_\_\_

6. School where you first entered 9<sup>th</sup> grade: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

7. Have you repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, which grade did the student repeat? \_\_\_\_\_

8. Have you participated on a Varsity, Junior Varsity or B/10<sup>th</sup> grade team? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you have a current physical on file at the high school? \_\_\_\_\_

10. In which activities/sports will you participate? \_\_\_\_\_

11. Is this your first transfer? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, check the condition of transfer that applies in this case:

\_\_\_\_\_ Entering 9<sup>th</sup> grade for the first time

\_\_\_\_\_ Change of residence and occupancy by your parent(s) or legal guardian

\_\_\_\_\_ Open enrollment

\_\_\_\_\_ Foreign Exchange or International Student – Visa Type: \_\_\_\_\_ J-1 or \_\_\_\_\_ F-1

b. If no, list your previous school(s) and reason for transferring:

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



Effective August 1, 2010

## Declaration for Athletic Participation and Letter of Intent to Apply for School Choice

*This document is for students who plan to participate in senior high athletics as 9<sup>th</sup> graders. It describes a Minnesota State High School League rule that applies to any 9<sup>th</sup> grade student who wishes to participate in athletics at an ISD 279 senior high school that is different from the senior high school assigned to his or her residence. The attached form needs to be completed only once and submitted to the high school activities office prior to the first season in which the athlete will compete as a 9<sup>th</sup> grader. This form will be available after January 1<sup>st</sup> in each of the senior high activities offices, at the District 279 Enrollment Center, and on each of the high school Web sites under "Activities."*

The Minnesota State High School League (MSHSL) allows 9<sup>th</sup> grade students to compete in senior high school athletics. Ninth-graders who plan to open enroll into an ISD 279 senior high school other than the one assigned to their residence and who wish to participate in 9<sup>th</sup> grade athletics at their senior high school of choice must "declare" their intent to continue to be enrolled at that senior high for grades 10-12. **Important: While 9<sup>th</sup> graders may participate in their senior high school of choice, all 7<sup>th</sup> and 8<sup>th</sup> grade students must participate in programs at the senior high school assigned to their residence.**

By signing the "Declaration for Athletic Participation and Letter of Intent to Apply for School Choice" form, students and their parents and/or guardians are declaring the student's:

1. senior high school of participation for 9<sup>th</sup> grade athletics, and
2. intent to use school choice to enroll in that same senior high for grades 10-12.

Students who declare their senior high school of choice for 9<sup>th</sup> grade athletics agree that their eligibility is tied to that respective high school. Once a student and his or her parent/guardian sign the "Declaration for Athletic Participation and Letter of Intent to Apply for School Choice" form for 9<sup>th</sup> grade and the 9<sup>th</sup> grade season/year commences, any change of school will be viewed as a transfer that is subject to the provisions of MSHSL Bylaw 111 – Transfer and Residence. This change may result in temporary ineligibility for varsity level competition, even if the student decides to return to the senior high school assigned to his or her residence.

After reading this information, please complete and return the attached form to the activities office in your student's ISD 279 senior high school of choice **NO LATER THAN THE FIRST DAY OF PRACTICE OF THE SPECIFIC SPORT**. Not all sports seasons start on the same day, so be sure to check the website at <http://www.district279.org/Welcome/> Activities for exact start dates. If you have any questions regarding this process, please contact the activities office at any of the three senior high schools.

Maple Grove Activities Office	763/391-8730
Osseo Activities Office	763/391-8600
Park Center Activities Office	763/569-7654



## Declaration for Athletic Participation and Letter of Intent to Apply for School Choice

I, \_\_\_\_\_, declare my intent to apply for school choice at (circle one):  
*(Student name – please print)*

Circle one:

MAPLE GROVE SENIOR HIGH

OSSEO SENIOR HIGH

PARK CENTER SENIOR HIGH

I understand that, beginning in 9<sup>th</sup> grade, I will compete in athletics at the above-named school. I/we understand that once the 9<sup>th</sup> grade season/school year commences, any change of school will be viewed as a transfer that is subject to the provisions of MSHSL Bylaw 111–Transfer and Residence, which may result in temporary ineligibility for varsity level competition.

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian & Student Address: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_  
Month / Day / Year

Senior High School of Residence: \_\_\_\_\_

Senior High School of Choice: \_\_\_\_\_  
*(as declared above)*

Junior High Attended for 8 <sup>th</sup> Grade:	<u>circle one</u>	Brooklyn Jr.	Maple Grove Jr.	North View Jr	Osseo Jr.
Junior High Assigned for 9 <sup>th</sup> Grade:	<u>circle one</u>	Brooklyn Jr.	Maple Grove Jr.	North View Jr	Osseo Jr.

Parent/Guardian: \_\_\_\_\_ Student: \_\_\_\_\_  
(Signature) (Signature)

**For Office Use Only**  
 Once completed, file form in the DLTL Principal on Special Assignment's office.

School of Choice Activities Coordinator: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Signature)

School of Residence Activities Coordinator: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Signature)