2017-2018 MSHSL ELIGIBILITY STATEMENT

All MSHSL eligibility determinations are based on the most current official handbook found at 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 2017-2018 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** 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/concussion.

☐ 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 2017-2018 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*

NO PARTICIPATION FEE REFUND WILL BE GIVEN AFTER THE 2ND OFFICIAL WEEK OF PRACTICE

MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE _____/_____/_____

Name _____ **M/F** _____ **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?	☐	☐
	IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR		
2.	In the last year, have you passed out or nearly passed out *during* or *after* exercise?	☐	☐
3.	In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?.....	☐	☐
4.	In the last year, does your heart race or skip beats (irregular beats) during exercise?.....	☐	☐
5.	In the last year, do you get light-headed or feel more short of breath than expected during exercise?	☐	☐
6.	In the last year, have you had an unexplained seizure?	☐	☐
	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?	☐	☐
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 50 (including an unexplained drowning, an unexplained car accident, or Sudden Infant Death Syndrome)?.....	☐	☐
9.	In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?.....	☐	☐
10.	In the last year, has anyone in your immediate family developed hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT Syndrome, short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?	☐	☐
11.	In the last year, has anyone in your immediate family been diagnosed with Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?	☐	☐
12.	In the last year, has anyone in your immediate family under age 50 had a heart problem, pacemaker, or implanted defibrillator?....	☐	☐
	MEDICAL RISK QUESTIONS IN THE LAST YEAR		
13.	Have you had infectious mononucleosis (mono) within the last month?	☐	☐
14.	In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?	☐	☐
15.	In the last year, have you had numbness, tingling, weakness in, or inability to move your arms or legs after being hit or falling?	☐	☐

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.

_____

_____

_____

_____

_____

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.)

_____

_____

_____

SQPE Due_____ / _____/_____ **CLEARED FOR SPORTS: YES** ☐ **NO** ☐

Reference: Preparticipation Physical Evaluation (Third Edition): AAFP, AAP, AMSSM, AOSSM, AOASM ; McGraw-Hill, 2004.

NO PARTICIPATION FEE REFUND WILL BE GIVEN AFTER THE SECOND OFFICIAL WEEK OF PRACTICE

Revised 3/13/2017