

2010-2011 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. Do you ever have 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

2010-2011 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*
Appearance	Y / N		
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	Y / N		
HEENT	Y / N		
Eyes	Y / N		
Fundoscopy	Y / N		
Pupils	Equal / Unequal		
Hearing	Y / N		
Cardiovascular	Y / N		
Murmurs (auscultation standing, supine, +/- Valsalva)	Y / N		
PMI location			
Pulses (simultaneous femoral & radial)	Y / N		
Lungs	Y / N		
Abdomen	Y / N		
Genitourinary (Male)	Y / N		
Hernia	Y / N		
Tanner Staging (optional)	I II III IV V		
Skin (HSV, MRSA, Tinea corporis)	Y / N		
Musculoskeletal			
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:** _____

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

2010-2011 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	III. High (>50% MVC)	II. Moderate (20-50% MVC)	
		I. Low (<20% MVC)	
		A. Low (<40% Max O ₂)	B. Moderate (40-70% Max O ₂)
→	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†	Alpine Skiing*† Wrestling*	
→		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

Increasing Static Component → → → → →

- (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 (MaxO₂) 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 _____ - _____ - _____

2010-2011 MSHSL ATHLETIC ELIGIBILITY STATEMENT

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

- I have read, understand, and acknowledge receiving the 2010-2011 Athletic 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 under Handbook.
- 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 Athletic Eligibility Brochure and Statement.

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



MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE ____ / ____ / ____

Name _____ Male Female 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</i> or <i>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 50 (including an unexplained drowning, an unexplained car accident, or Sudden Infant Death Syndrome)?..... | <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 developed hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT Syndrome, 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 been diagnosed with Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. In the last year, has anyone in your immediate family under age 50 had a heart problem, pacemaker, or implanted defibrillator?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL RISK QUESTIONS IN THE LAST YEAR | | |
| 13. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

Parents or Legal Guardians: Please note:

- A “Yes” answer to any of the above questions will require a clearance note from a physician prior to participation.
- Please list 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
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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

CENTENNIAL SCHOOL DISTRICT #12
INSURANCE WAIVER THEREOF

2010-11 SCHOOL YEAR

As parent/guardian of _____, I have adequate insurance and agree to "Hold Harmless" Centennial School District #12 and its agent due to an accident or injury during the school day and any school approved event.

Name of Insurer/Group

Date

Parent/Guardian Signature

In the event of an injury:

All notices of injury must be turned into the school nurse the day of the accident or the next day school is in session. Students must see a doctor within thirty (30) days or the insurance for that injury is void. It is imperative that all coaches, students and parents note these procedures.

CENTENNIAL SENIOR HIGH SCHOOL ATHLETIC/ACTIVITIES FEE SCHEDULE 2010-11

The following requirements **must be met prior** to participating in Senior High School athletics for the Centennial School District:

1. You **must** submit a **current** physical (within three years) as well as a **signed Parent Permit** form.
2. Pay the **athletic fee** as per attached application.
3. You must sign the **insurance waiver**.
4. **Minnesota State High School Rules and Regulations** are followed.

RULES REGARDING FEES

1. The fee must be paid **prior** to the participant's first practice.
2. A family fee of **\$850 maximum** shall apply for all students in grades **9-12**. Ski lift tickets are not applicable to the family maximum.
3. Students receiving free lunch shall not be charged a fee. Students receiving reduced lunch will pay a reduced fee. A copy of a lunch verification letter must accompany this packet to receive this benefit.
4. **No refunds** will be allowed for any reason after one-half of the regular scheduled contests have been completed.
5. A student may withdraw and receive a full refund during the **first calendar week** of their participation.
6. After a student's first week of participation, a refund may be allowed if the student's withdrawal is the result of illness or injury. The illness or injury must have a prognosis as lasting the duration of the season.
7. The Activities Director must approve **all** refunds.

HIGH SCHOOL ACTIVITIES

Knowledge Bowl	\$165.00
Math Team	\$135.00
Mock Trial	\$135.00
Speech Team	\$115.00

DRAMA FEES

Musical	\$130.00
One Act	\$115.00
Spring Play	\$130.00

HIGH SCHOOL ACTIVITIES

FAMILY NAME _____ STUDENT NAME _____

TELEPHONE NUMBER _____ GRADE _____

FALL SPORTS

Adapted Soccer	\$125.00
Cheerleading	\$130.00
B/G Cross Country (7-12)	\$230.00
Football	\$285.00
Soccer B/G	\$230.00
Swimming/Diving (7-12)	\$270.00
Tennis* (Girls) (7-12)	\$210.00
Volleyball	\$250.00

WINTER SPORTS

Adapted Floor Hockey	\$165.00
B/G Basketball	\$325.00
Cheerleading	\$120.00
Dance Team	\$305.00
Gymnastics	\$285.00
Hockey B/G	\$375.00
Skiing B/G (7-12) Lift Fee Plus	\$120.00
Wrestling	\$285.00

SPRING SPORTS

Adapted Softball	\$105.00
Baseball	\$250.00
Golf B/G (7-12)	\$250.00
Lacrosse, Boys	TBD**
Lacrosse, Girls	TBD**
Softball	\$250.00
Tennis* (Boys) (7-12)	\$210.00
Track B/G	\$250.00

Intramural program available to those students (7th and 8th graders) who **do not make the JV or Varsity program.*

***Does not apply to family maximum.*



2010 – 2011 ATHLETIC 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. 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.

Checklist for Student Eligibility (If you cannot check all 11 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. Physical exam within the last three (3) years on file with the school.
- _____ 4. Have not transferred schools.
- _____ 5. Will not play more than four (4) seasons in any sport in grades 9-12.
- _____ 6. Have not dropped out of school or repeated a grade while in high school.
- _____ 7. Have not accepted cash in any amount or merchandise valued at more than \$100 for participating in a sport.
- _____ 8. Have not and will not compete in non-school events in my sport after reporting for the school team.
- _____ 9. 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.
- _____ 10. Have no and will not violate the racial/religious/sexual harassment/violence/and hazing bylaws of the MSHSL.
- _____ 11. I agree to fully cooperate in any investigation honestly and truthfully.

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 dai

GENERAL RULES

20. *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.



CENTENNIAL HIGH SCHOOL ATHLETIC DEPARTMENT ATHLETIC TRAINING AND INJURY INFORMATION

TO: ALL PARENTS AND GUARDIANS OF CENTENNIAL ATHLETES

FROM: LISA PARTYKA ATC ATHLETIC TRAINER – CENTENNIAL HIGH SCHOOL
ATHLETIC TRAINING ROOM PHONE NUMBER (763)792-5147

The following information is the basics of where you can find me at certain times of the day and what to do if your child is injured. Attached to this is an Emergency Information Card that each athlete needs to have filled out before they are able to participate in athletics here at Centennial High School. Please provide all of the information that is asked for, so on the slight chance that something happens to your son or daughter, we will have all of the information that we need to act appropriately. We need an updated copy each school year, so please fill out even if you filled one out last year. On the back of the form is a statement that you need to sign and agree to, giving me consent to treat your child as I see fit and to be able to share that information with the necessary people, such as coaches, doctors, and other allied health professionals. Please feel free to call me with any questions about this information.

The Centennial athletic training room hours are:

Fall 2:45 – 5:30

Winter 2:45 – 5:30

Spring 2:45 – 4

And during all home events

If you should have a question regarding an illness or injury during those hours, please feel free to give me a call and we can discuss things at that time. If you need to reach me during the day, I work at the Institute for Athletic Medicine (IAM) physical therapy clinic located in Brooklyn Park. The phone number for that clinic is (763)425-5461. If it is after my school office hours and you have a question about an injury, you can call the **IAM Hotline at (952)920-8850**. This is staffed 24 hours a day by a certified and registered athletic trainer who can give you information on any injury. This is a free service provided by IAM. You will also be able to get a hold of me at the clinic during the summer.

If your son or daughter is injured and is treated by a doctor at any facility, they **MUST** bring a written note from the doctor explaining the injury and when the athlete can return to play in a practice or game. This is a **Minnesota State High School League rule (Bylaw 107.00)**, which states, **“After major surgery or**

serious illness or injury, the attending physician must certify in writing the student's readiness for participation." This is for the student's protection as well as to keep everyone informed as to the student's readiness to return to participation. **If you forget to get a note, you can have one faxed to me at (763)792-5039 ATTN: Athletic Trainer**

As mentioned before, the Institute for Athletic Medicine provides the athletic training room coverage for Centennial. IAM is a service of Fairview Health Services and North Memorial Health Care. There are three Institute for Athletic Medicine clinics that provide physical therapy services to the Centennial school district:

Institute for Athletic Medicine – Lino Lakes
7455 Village Dr.
Lino Lakes, MN 55014
(651)717-3480

Institute for Athletic Medicine - Blaine
National Sports Center – Schwann Center
1750 105th Ave NE
Blaine, MN 55449
(763)780-0356

Institute for Athletic Medicine – Hugo
14663 Mercantile Drive
Hugo, MN 55038
651-466-1950

There are also 2 sports medicine clinics in the area that have sports medicine physicians who treat athletic injuries. They are the Fairview Sports and Orthopedic Care clinics located at:

Fairview Blaine Clinic
10961 Club West Parkway NE
Blaine, MN 55449

Fairview Lakes Clinic
5200 Fairview Blvd
Wyoming, MN 55092

To schedule an appointment at either clinic you can call (612) 672-7100

A wide range of health plans are accepted at both the physical therapy clinics and the sports medicine clinics. Self referrals are accepted as well. Check with your insurance carrier about coverage.

Please feel free to contact me with any questions or concerns regarding your child's injury and care.

Lisa Partyka ATC
Athletic Trainer
Centennial High School
763-792-5147
LPARTYKA@isd12.org

CENTENNIAL HIGH SCHOOL SPORTS EMERGENCY INFORMATION CARD

NAME _____ AGE _____

DATE OF BIRTH ___/___/___ HOME PHONE (____) _____

CIRCLE ONE: MALE or FEMALE GRADE _____

SPORT/S _____

MOTHER'S NAME _____ WORK PHONE (____) _____

FATHER'S NAME _____ WORK PHONE (____) _____

EMERGENCY CONTACT (if parents are unavailable) _____

RELATIONSHIP _____ PHONE NUMBER (____) _____

PRIMARY PHYSICIAN _____ PHONE (____) _____

INSURANCE COMPANY _____

HOSPITAL PREFERENCE _____ ALLERGIES _____

ANY MEDICAL ISSUES OR CONCERNS _____

Please read and sign below

ATHLETIC TRAINER AUTHORIZATION

Centennial High School staffs a certified and registered athletic trainer through the Fairview Health Services Institute for Athletic Medicine for the purpose of educating student-athletes and preventing and treating injuries to student-athletes while participating in school-related athletic events and programs.

I consent to the athletic trainer treating injuries and discussing any injuries or medical conditions with coaches, school staff, and other qualified health care providers as deemed necessary within their scope of practice.

I understand that in the case of injury or illness requiring transportation to a health care facility, every attempt will be made to contact me, but that, if necessary, the student-athlete will be transported via ambulance to the nearest or designated hospital.

I acknowledge that I have received a copy of Fairview's Notice of Privacy Practices.

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

PARENT OR LEGAL GUARDIAN

DATE