

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.
No

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 _____

FOR NEW PHYSICAL USE ONLY

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*
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		
Fundoscopic	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: _____



2011-2012

MSHSL ELIGIBILITY BROCHURE

CONCUSSION MANAGEMENT ADDENDUM

(updated 8/8/2012)

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.

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.
- _____ 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 following website: www.cdc.gov/concussion**

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.

2011-2012 MSHSL Eligibility Brochure—Concussion Addendum

Newly passed Minnesota Statute 121A.323 and Minnesota Statute 121A.045 effective for the 2011-2012 school year, now requires the MSHSL to make information and training available about the nature and risks of concussions, including the effects of continuing to play after receiving a concussion, for all student athletes and their parents or guardians.

This information shall include protocols and content consistent with current medical knowledge from the Centers for Disease Control and Prevention, related to:

- The nature and risks of concussion associated with athletic activity;
- The signs, symptoms, and behaviors consistent with a concussion;
- The need to alert appropriate medical professionals for urgent diagnosis and treatment when a student athlete is suspected or observed to have received a concussion; and
- The need for a student athlete who sustains a concussion to follow proper medical direction and protocols for treatment and returning to play.

Additionally, the provisions of this law require a record to be kept indicating every student athlete and his or her parent or legal guardian were provided information about the nature and risk of concussions. The MSHSL Eligibility Statement will serve as the confirmation document.

Currently, parents and students must sign the MSHSL Eligibility Brochure each year prior their participation in MSHSL Varsity, Junior Varsity or "B" Squad activities. The form has had an Informed Consent section for the past several years, and the information will now meet the requirements of the statute effective with the fall of the 2011-2012 school year.

If your school's Eligibility Brochure has already been sent to your students, an addendum signed by the student and the student's parents must be attached to the Eligibility Brochure when the Brochure is submitted to the school prior to each sport season. Students and their parents or guardians must review the information in this document and submit a signed 2011-2012 MSHSL Eligibility Statement—Concussion Addendum to the school administration.



CONCUSSION MANAGEMENT RECOMMENDATIONS FOR MSHSL ATHLETES

Acute injury

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

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

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

Return to play protocol

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

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

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

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

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

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

For more information please refer to the references listed below and www.concussionsafety.com.

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"

REV. 9-12-11

2011-2012 MSHSL ELIGIBILITY STATEMENT

CONCUSSION MANAGEMENT ADDENDUM

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 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.
- 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

2011-2012 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 2011-2012 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

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

2011-12 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
2011-12**

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 **\$900 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	\$170.00
Math Team	\$140.00
Mock Trial	\$140.00
Speech Team	\$120.00

DRAMA FEES

Musical	\$135.00
One Act	\$120.00
Spring Play	\$135.00

HIGH SCHOOL ATHLETICS

FAMILY NAME _____ STUDENT NAME _____

TELEPHONE NUMBER _____ GRADE _____

FALL SPORTS

Adapted Soccer	\$130.00
Cheerleading	\$135.00
B/G Cross Country (7-12)	\$235.00
Football	\$295.00
Soccer B/G	\$235.00
Swimming/Diving (7-12)	\$275.00
Tennis* (Girls) (7-12)	\$215.00
Volleyball	\$255.00

WINTER SPORTS

Adapted Floor Hockey	\$170.00
B/G Basketball	\$335.00
Cheerleading	\$135.00
Dance Team	\$315.00
Gymnastics	\$295.00
Hockey B/G	\$385.00
Skiing B/G (7-12) Lift Fee Plus	\$140.00
Wrestling	\$295.00

SPRING SPORTS

Adapted Softball	\$110.00
Baseball	\$255.00
Golf B/G (7-12)	\$255.00
Lacrosse, Boys	TBD**
Lacrosse, Girls	TBD**
Softball	\$255.00
Tennis* (Boys) (7-12)	\$215.00
Track B/G	\$255.00

*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.



2011-2012

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 not 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 daily.

GENERAL RULES

- 11. *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.

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.**



Welcome to Centennial Athletics! Attached is an **emergency information card** that needs to be completed before your athlete can participate in sports. Please provide all of the information requested so we can provide the best possible care for your son or daughter. This form needs to be filled out each year so we have the most up-to-date information, so please fill it out even if you filled it out last year.

On the back of the **emergency information card** is a statement that says you give the athletic trainer consent to treat your child as needed. It will also allow the athletic trainer to share pertinent information with coaches, doctors, and other allied health professionals.

If you have questions regarding an illness or injury please feel free to contact me at the Centennial Athletic Training room, **(763)972-5147**. If I am not available or it is outside of my athletic training room hours please call the Institute for Athletic Medicine (IAM) Injury Hotline at (952)920-8850. This line is staffed 24 hours a day by a certified and registered athletic trainer who can give you free injury information.

Centennial athletic training room hours:

Fall: 3:00 – 5:45PM

Winter: 3:00 – 5:45PM

Spring: 3:00 – 4:45PM

I will also be available during all varsity home events.

If your son or daughter is injured and is treated by a physician at any facility, they **MUST** bring a written note from the doctor explaining the injury and their participation status. Minnesota State High School rule (Bylaw 107.00) states, **“After major surgery or serious illness or injury, the attending physician must certify in writing the student’s readiness to return to competition.”** This is to ensure that all parties are informed of the athlete’s current participation status.

If you forget to get a note from your physician, you can have one faxed to me at (763)792-5039 ATTN: Athletic Trainer

Athletic training coverage is provided by the Institute of Athletic Medicine, a service of Fairview Health Services and North Memorial Health Care. There are three Institute for Athletic Medicine Clinics that provide physical therapy to the centennial school district:

Institute for Athletic Medicine, *Lino Lakes*

7455 Village Drive
Lino Lakes, MN 55014
(651)717-3480

Institute for Athletic Medicine, *Hugo*

14663 Mercantile Drive
Hugo, MN 55038
(651)466-1950

Institute for Athletic Medicine, *Blaine*

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

There are also two Fairview Sports and Orthopedic Care clinics in the area that have sports medicine physicians who treat athletic injuries:

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 of these clinics you can call (612)672-7100

A wide range of health plans are accepted at both the physical therapy and sports medicine clinics. Self referrals are also accepted. Please check with your insurance carrier for your individualized coverage plan.

If you would like to review Fairview's privacy policy information you can find it on Fairview's Health Services web page, <http://www.fairview.org/privacy/> and choose "Notice of Privacy Practices – Fairview Provider".

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

Have a great season!

Cheryl Wood, MBA, ATC
Athletic Trainer
Centennial High School
(763)792-5147
cwood@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

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

PARENT OR LEGAL GUARDIAN

DATE