2023-2024 MSHSL Eligibility Statement



All MSHSL eligibility determinations are based on the most current official handbook on the MSHSL website at: <u>www.mshsl.org/governance</u>

# 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 2023-2024 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.
- We, the student and parent, have reviewed Concussion Management Recommendations for MSHSL Athletes contained in the Eligibility Brochure and on the following website: <u>www.cdc.gov/headsup</u>
- I understand that once I sign the eligibility statement all eligibility rules apply:
  - 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 Leaguesponsored 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.

# 2023-2024 MSHSL Eligibility Statement (continued)

- 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 2023-2024 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.

am a home school student. YES 🔲 NO 🗌	I am an online student. YES 🔲 NO 🗌	
Student's Printed Name	Birth Date	Grade in School
Student's Signature		Date
Parent's or Guardian's Signature		Date

### 2023-2024 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

Name		Birth Date	<u> </u>	Date//_			
Grade	School		Sport(s)				
Address							
Phone		Date of Last Spor	ts Qualifying Ph	ysical Exam (SQPE)	11		
	<u>Check</u> Yes or No boxes f	or each question or <u>Ci</u>	rcle question num	bers for which you canr	ot answer.		
IN THE L	AST YEAR, since your last complete Sp	orts Qualifying Physic	cal Exam with your	· physician or your Year	2 Annual Health (	Questic	onnaire,
	U HAD ANY CHANGES TO THE FOLLO	WING 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							
<ol> <li>In the last year, have you passed out or nearly passed out <i>during</i> or <i>after</i> exercise?</li> <li>In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?</li> </ol>						Н	
	e last year, does your heart race or skip be						
<ol> <li>In the last year, do you get light-headed or feel more short of breath than expected during exercise?</li> <li>In the last year, have you had an unexplained seizure?</li> <li>IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR</li> </ol>							
	e last year, has anyone in your immediate	family died suddenly an	nd unexpectedly for	no apparent reason?			
8. In th befo	e last year, has any family member or rela e age 35 (including an unexplained drown	itive died of heart proble	ms or had an unexp ar accident)?	pected or unexplained suc	iden death		
9. In th	e last year, has anyone in your immediate	family had instances of	unexplained fainting	g, seizures, or near drowr	ing?		
	e last year, has anyone in your immediate thmogenic right ventricular cardiomyopatl						
vent	icular tachycardia?					$\square$	
	e last year, has anyone in your immediate e last year, have you had a head injury or	MEDICAL RISK QUES	STIONS IN THE LAS	ST YEAR			
	e last year, have you had a nead injury of emory problems?						
high	e last year, have you had COVID-19 illnes fever for more than 4 days; pale, gray, or n to sports by a physician?	blue-colored skin, lips, o	or nail beds; or hosp	italization and not been a	pproved for		
	Parents or Legal Guardians: Plea					nt	_
	fo	r the coaches or athle	tic/activities direct	or to know.			
l do not k	now of any existing physical or additional	health reason that would	l preclude participat	ion in sports. I certify that	the answers to the	above	questions
i do not k		and accurate and I app				above	questions
Parent or Legal Guardian Signature Athlete Signature				Da	ate		
				Signature			
	Activities Direc	tor Notes: (a YES	answer to any	of the questions ab	ove		
	requires a cl	earance note from	a physician pr	rior to participation	.)		
						_	_
SQPE I	Due//	MEDICALLY	ELLIGIBLE FO	R SPORTS PARTIC	IPAITON: YES	; 🗌 N	0
Supplem	ental Mental Health Screening Quest	ions (may be cut from	n form before sub	mittina)			
	past 2 weeks, how often have you be			-			
				er half the days	Nearly every da	ay	
	ervous, anxious, or on edge	D 1	2		3		
		0 1	2		3		
		0 1 0 1	2 2		3 3		

(If the sum of responses to questions 1 & 2 or 3 & 4 are ≥3, please see your provider)

Reference: Preparticipation Physical Evaluation (Fifth Edition): AAFP, AAP, AMSSM, AOSSM, AOASM, AAP, 2019.