

# 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*
<b>Appearance</b>	Y / N		
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	Y / N		
<b>HEENT</b>	Y / N		
Eyes	Y / N		
Fundoscopic	Y / N		
Pupils	Equal / Unequal		
Hearing	Y / N		
<b>Cardiovascular</b>	Y / N		
Murmurs (auscultation standing, supine, +/- Valsalva)	Y / N		
PMI location			
Pulses (simultaneous femoral & radial)	Y / N		
<b>Lungs</b>	Y / N		
<b>Abdomen</b>	Y / N		
<b>Genitourinary (Male)</b>	Y / N		
Hernia	Y / N		
<b>Tanner Staging (optional)</b>	I II III IV V		
<b>Skin (HSV, MRSA, Tinea corporis)</b>	Y / N		
<b>Musculoskeletal</b>			
Neck	Y / N		
Back	Y / N		
Shoulder/Arm	Y / N		
Elbow/Forearm	Y / N		
Wrist/Hand/Fingers	Y / N		
Hip/Thigh	Y / N		
Knee	Y / N		
Leg/Ankle	Y / N		
Foot/Toes	Y / N		
Functional (Duck Walk/Single Leg Hop)	Y / N		

\* Required Only if Multiple Examiners

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

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

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

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

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

**PLEASE COMPLETE THIS SECTION**

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 <sub>2</sub> )	B. Moderate (40-70% Max O <sub>2</sub> )
→	Field Events: ❖ Discus ❖ Shot Put Gymnastics*†		Alpine Skiing*† Wrestling*
→		Diving*†	Dance Team Football* Field Events: ❖ High Jump ❖ Pole Vault*† Synchronized Swimming† Track — Sprints
→		Bowling Golf	Baseball* Cheerleading Floor Hockey Softball* Volleyball
→			Basketball* Ice Hockey* Lacrosse* Nordic Skiing — Freestyle Track — Middle Distance Swimming†
→			Badminton Cross Country Running Nordic Skiing — Classical Soccer* Tennis Track — Long Distance
			C. High (>70% Max O <sub>2</sub> )

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

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

**Sport Classification Based on Intensity & Strenuousness:** This classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (MaxO<sub>2</sub>) achieved and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in an increasing blood pressure load. The lowest total cardiovascular demands (cardiac output and blood pressure) are shown in lightest shading and the highest in darkest shading. The graduated shading in between depicts low moderate, moderate, and high moderate total cardiovascular demands. \*Danger of bodily collision. †Increased risk if syncope occurs. Reprinted with permission from: Maron BJ, Zipes DP. 36th Bethesda Conference: eligibility recommendations for competitive athletes with cardiovascular abnormalities. *J Am Coll Cardiol.* 2005; 45(8):1317-1375.

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

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

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

**IMMUNIZATIONS** [Consider Td or Tdap (age 12) ; MMR (2 required); hep B (3 required); varicella (2 required or history of disease); poliomyelitis (IPV); influenza]  
 Up-to-date (see attached school documentation)  Not up-to-date / Specify \_\_\_\_\_

**IMMUNIZATIONS GIVEN TODAY:** \_\_\_\_\_

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

# 2011-2012 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](http://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.

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*Student's Printed Name*

*Birth Date*

*Grade in School*

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*Student's Signature*

*Date*

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*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 (7<sup>th</sup> and 8<sup>th</sup> 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](http://www.mshsl.org). Please keep this brochure for reference, and if there is a question about any rule interpretation, **CONTACT YOUR SCHOOL PRINCIPAL OR ATHLETIC/ACTIVITIES DIRECTOR.**

I understand that once I sign the eligibility statement all eligibility rules apply:

- Twelve (12) months of the year;
- Whether I am currently participating or not;
- Continuously from the first signing of the statement.

**Parents/Guardians:** REVIEW the following rules with your son or daughter. Your role in stressing the value of following these rules cannot be overstated.

**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 105<sup>th</sup> 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