

2023-2024 Activity Registration

This form is also available in the online registration packet.

Athletes: ALL OF THE FORMS LISTED BELOW must be signed and returned to the office before a student is allowed to participate in these Pillager activities. You may also wish to pick up the complete MSHSL Athletic Brochure from the office or print it from www.mshsl.org

Musicals, FFA, Robotics, Speech, One Act: Just this Activity Registration needs to be completed. None of the MSHSL forms are required.

On occasion, the JMC messaging system may be used to communicate schedule changes or information about your team. The numbers in the school database will be used for this communication.

Participant's Name		Grade	
Registering for (list all sports and activities that you are paying for right now)			
Parent/Guardian Name (s)		Best contact phone # 1	
Student's cell phone #		Best contact phone # 2	
Emergency Name (if we can't get ahold of a parent)		Emergency best phone #	
Allergies and health concerns. (Please fill out as accurately as possible.)			
If emergency treatment is required and the parents can not be reached immediately, may the head coaching staff use their own judgment for medical treatment and/or transport.		<input type="checkbox"/> yes <input type="checkbox"/> no	If no, what do parents want done?
Parent/Guardian signature			Date signed

Student Physical:

Physicals are good for three years. Forms are available if this student needs a physical.

Last known physical: _____

Needed forms for Athletes:	
	This "Athletic Registration" form
	2023-24 MSHSL Eligibility Statement
	MSHSL Annual Sports Health Questionnaire
	Big Stone Therapy consent form
Needed every THREE years	
	Sports Physical (3 pages)

Fees:

- \$50 Musicals, One Act, Speech, FFA, Robotics
- \$60 Jr. High (grades 7-8)
- \$110 Jr. High Coop (grades 7-8)
- \$85 JV / Varsity (grades 9-12)
- \$135 JV/Varsity Coop (gr 9-12)
- \$350 Family Max

Paid

Date: _____

Check # _____

Cash Received _____



2023-2024 MINNESOTA STATE HIGH SCHOOL LEAGUE

MSHSL 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 Website: www.mshsl.org/governance. 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 I must sign the current eligibility statement prior to participation each school year.

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.

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 8 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. Have not dropped out of school or repeated a grade beginning with the initial entrance in the 9th grade.
- 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, drug paraphernalia or products containing or used to deliver nicotine, tobacco products and other chemicals.
- 5. Have not and will not violate the racial/religious/sexual harassment/violence/and hazing bylaws of the MSHSL.
- 6. I agree to fully cooperate in any investigation honestly and truthfully.
- 7. Regardless of my age I agree to follow all of the MSHSL Bylaws in order to be eligible to represent my school in League-sponsored activities.
- 8. 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/headsup

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 during my high school season.

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.

2023-24 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

Name _____ Birth Date / / 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:
Athlete Health Questionnaire

- | | 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 or 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 35 (including an unexplained drowning or an unexplained car accident)? | <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 been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or 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 under age 35 had a heart problem, pacemaker, or implanted defibrillator? | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL RISK QUESTIONS IN THE LAST YEAR | | |
| 12. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. In the last year, have you had COVID-19 illness with trouble breathing; persistent chest pressure; confusion; inability to stay awake; high fever for more than 4 days; pale, gray, or blue-colored skin, lips, or nail beds; or hospitalization and not been approved for return to sports by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Legal Guardian Signature _____ Athlete Signature _____ Date _____

Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)

SQPE Due / / **MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES** **NO**

Supplemental Mental Health Screening Questions (may be cut from form before submitting)

Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

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



Student-Athlete Authorization and Consent Form for Disclosure of Protected Health Info

I hereby authorize the athletic trainer and other health care personnel representing _____ **School** to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at the above named school. I further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to a coach, athletic director, or school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected information may be released to other health care providers, hospital and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members, and officials of the WCAL and CIF.

I, _____, parent and/or guardian of _____, student-athlete, understand that as a parent/guardian give authorization/consent for the disclosure of the undersigned student-athlete's protected health information is a condition for participation as an interscholastic athlete at the above named school. I understand that my protected health information may be protected by the federal regulations under the Health Information Portability and Accountability Act (HIPAA) and, if so, may not be disclosed without either parent/legal guardian authorization under HIPAA. This authorization/consent expires one year from the date it is signed.

Important: Your Rights. I understand my rights, as described herein:

- I may revoke this authorization at any time by notifying the above named school's Athletic Director in writing. My letter must be hand delivered or mailed to the School.
- A revocation will not affect any uses or disclosures that the above named school made before it received my revocation.
- If I request it, I may see a copy of the health information described on this form.
- The information that is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA. I have the right to seek assurances from the above named entities or individuals authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

Does your child have or carry with them: (Check all that apply)

- Asthma Inhaler
- Epi-Pen
- Diabetes (High or Low blood sugar, please indicate: _____). Do they carry insulin or glucose with them at all times:
Yes / No
- Other: _____

Consent for ImPACT and Release of Information

I give my permission for (name of child) _____ to have a baseline and post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) as needed, administered at the above named school. I understand that my child may need to be complete ImPACT more than once post-concussion, depending upon the results, as compared to my child's baseline, which will be on file at the above named school. I understand there is no charge to complete the ImPACT.

The above named school may release the ImPACT results to my child's primary care physician, neurologist, team physician or other interpreting physician. I understand that as a parent/guardian, I give authorization/consent for the involved athletic trainer and/or health care personnel representing the above named school to contact the child's primary care physician, neurologist, team physician, or other treating physician, coach, athletic director, or school official regarding the results of the ImPACT

I understand that general information about the ImPACT data may be provided to my child's school nurse, guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Print Student-Athlete's Name _____

Signature of Student-Athlete's Name _____

Date _____

Print Parent/Guardian Name _____

Signature Parent/Guardian Name _____

Date _____