

FALL 2024-25 - ATHLETICS REGISTRATION

ONLINE REGISTRATION PREFERRED: To expedite registration, Parents/Guardians should complete registration for activities online at robbinsdalecooperhs-ar.rschooldtoday.com instead of using this form.

Forms due	Sport / Activity	Practice starts
September 11	CI Adapted Soccer, Practices @ Cooper	September 9
	PI Adapted Soccer, Practices @ Armstrong	September 9
August 11	Cross Country - Boys or Girls	August 12
August 11	Football	August 12
August 11	Soccer - Boys or Girls	August 12
August 11	Swimming & Diving - Girls	August 12
August 11	Tennis - Girls	August 12
August 11	Volleyball - Girls	August 12

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

Fall: Amount: _____ Date: _____

Check #: _____ Cash Receipt #: _____

Fines: _____

Date of Physical: _____ Initials: _____

SPORT: _____

Boys:

Girls:

PHYSICAL AND FEES ARE DUE WITH FORM.

PLEASE PRINT WITH PEN ON FORM

Athletic Fees: \$210 per activity Family MAX: \$700 per yr

If a family has applied, and been approved, for educational benefits, the eligibility letter received must be presented to the Cooper Activities Office to receive the reduced activity rates. **REDUCED BENEFIT: \$ 100** _____ **FREE BENEFIT: \$ 50** _____

THIS FORM MUST BE COMPLETED, SIGNED BY STUDENT & PARENT/GUARDIAN, AND RETURNED TO THE ACTIVITIES OFFICE WITH FEE. QUALIFYING SPORTS PHYSICAL MUST BE ON FILE AT COOPER HIGH SCHOOL BEFORE STUDENT WILL BE ALLOWED TO PRACTICE. We accept Cash, Check, Credit/Debit Card. Make checks payable to Cooper High School.

Student's Name: _____

Age: _____ 2023-24 Grade: _____

Address: _____

City: _____ Zip: _____

Students Phone #: _____

Date of Birth: _____ Gender: M / F

Parent/Guardian Name: _____ Home/Cell Phone: _____

Parent/Guardian Email Address: _____

School attending if NOT Cooper High School: _____

Siblings participating in Athletics or Activities @ Cooper (Applies to Family Max): _____

Have you attended any other High School during Grades 9-12? **NO:** _____ **YES:** _____ (If YES, See Activities Director)

List all schools enrolled in during grades 9-12, if NOT Cooper high school:

9 _____

11 _____

10 _____

12 _____

*Transfer students MUST complete the **Transfer Student Information Form**. (See Activities Director)

*Foreign Exchange students must complete the **Foreign Exchange Student/International Student Registration Form**. (See Activities Director)

Please read and complete BOTH SIDES of these forms. Student and Parent/Guardian signatures are required in two places. Your signatures indicate that you have read and agree to the contents of this document and are effective through the current school year. Registration must be completed *online or with this packet before* the student athlete will be allowed to participate in a practice situation. As a member school of the MSHSL, all rules and regulations that pertain to the League athletic activities that a school may sponsor, must be adhered to, but local rules may be more stringent than the MSHSL rule. (See **Robbinsdale Area Schools Authorization and Eligibility Guidelines for Activities** that can be found on the high school's website Athletics and Activities pages.)

A current MSHSL Sports Qualifying Physical must be on file with the school prior to the student's participation. Sports qualifying physicals are valid for three years but must be valid through the END of the season the student is participating.



2024-2025 MSHSL Eligibility Statement

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

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 2024-2025 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: www.cdc.gov/headsup**
- 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 League-sponsored 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.
- 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.

I 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

2024-2025 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</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 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)

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

Fall Sport

Winter Sport

Spring Sport

Boys Girls

Boys Girls

Boys Girls

COOPER ACTIVITY EMERGENCY CARD

This form goes to the Coach and the Athletic Trainer. **Please provide AT LEAST two phone numbers including a NON-Parent.**

Include Medical History at the bottom.

Date _____

Student Name _____ DOB _____ Grade _____

Address _____ Home # _____

City/State/Zip _____

Parent/Guardian's Name _____ Work # _____

Cell # _____

Parent/Guardian's Name _____ Work # _____

Cell # _____

***Non-Parent to Notify in Case of Emergency** _____

***Phone Number** _____

Medical History: Answer Yes/No: Diabetes? _____ Epilepsy? _____

Asthma? _____ Allergies? _____ If yes, please list _____

Other medical concerns we should know about this student? _____

Family doctor _____ Hospital _____

Parent / Guardian Signature: _____

Date: _____

Where can I get a Sports Physical?

You may use your own doctor or clinic for a physical or these are some other options that may be available to you. **Call ahead to confirm fee information and hours.** Please bring a MSHSL Sports Qualifying Physical Examination Clearance form with you when you visit.

- Apex Chiropractic, New Hope – 763.533.0654 – Same day appointments for about \$20**
- Minute Clinic at CVS Pharmacy and some Target locations, will do walk-in sports physicals for about \$69**
- Some Urgent Care/Express clinics may do sports physicals.

**** Prices may change. Please call to confirm.**

Cooper High School does not endorse any of these options for Sports Physicals. It is the decision of the parent as to where they may bring their student for a physical.

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 following a concussion requires resolution of all symptoms and completion of a stepwise exercise protocol. Each step requires a minimum of 24 hours. If any symptoms or signs recur, the player should drop back to the previous level.

The athlete may return to practice and competition only when: 1) free of all signs and symptoms at rest and during exercise, 2) completed the stepwise exercise protocol and 3) returned to school for full days.

Steps required to return to play after a concussion:

1. Sub threshold symptom during regular activities of daily living and school.
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.
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.

Signs Observed by Coaching Staff

- Appears dazed and stunned
- Forgets sports plays
- Moves clumsily
- Loses consciousness (even briefly)
- Can't recall events prior to hit or fall
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Answers questions slowly
- Shows behavior or personality changes
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Balance problems or dizziness
- Sensitivity to light
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Nausea or vomiting
- Double or blurry vision
- Sensitivity to noise
- Concentration or memory problems
- Does not "feel right"