2023-2024 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 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:** 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.

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.

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*

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?	☐	☐
IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR		
2. In the last year, have you passed out or nearly passed out *during* or *after* exercise?	☐	☐
3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐
4. In the last year, does your heart race or skip beats (irregular beats) during exercise?	☐	☐
5. In the last year, do you get light-headed or feel more short of breath than expected during exercise?	☐	☐
6. In the last year, have you had an unexplained seizure?	☐	☐
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?	☐	☐
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)?	☐	☐
9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?	☐	☐
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?	☐	☐
11. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator?	☐	☐
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?	☐	☐
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?	☐	☐

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.

Revised 2/10/2023

Lake Crystal Wellcome Memorial Secondary School

Independent School District #2071
607 Knights Lane, Post Office Box 160
Lake Crystal Minnesota 56055-0160
Phone: 507-726-2110 Fax: 507-726-2283
Mr. Mike Thofson, Principal

LCWM Secondary School does not provide any type of health or accidental insurance for student injuries incurred during school hours or while participating in a school sponsored athletic programs.

POSSIBLE REASONS TO PURCHASE COVERAGE

- High deductibles and co-pays: Many health plans have increased the amount of out-of-pocket expenses. Benefits from this plan would be applied to your current deductible or co-pay.
- No insurance: If you do not have insurance, this would be your student's accident insurance plan.

HOW TO PURCHASE COVERAGE

- Print name(s), address and other information clearly on provided application form.
- Enclose a check or money order with application payable to **Student Assurance Services, Inc.**
- Print your student's name in the memo portion of the check.
- Detach and retain the *Summary of Coverage* for your records.
- Return the envelope portion of the form to school within 10 days. Coverage will not become effective until your school receives the premium.
- For questions regarding student coverage, please contact agent David Desch at 1-800-328-2739 (toll free) or 1-651-439-7098. Security Life Insurance Company of America, Minnetonka, Minnesota underwrites this program. Student Assurance Services, Inc., Stillwater, Minnesota administers the service.

DOES YOUR FAMILY HAVE SUFFICIENT INSURANCE COVERAGE?

If SO, PLEASE SIGN THIS PARENTAL INSURANCE WAIVER INDICATING COVERAGE.

My family has adequate insurance to protect our son/daughter in case of an accident. Date: _____

Student Name: _____ Parent Signature: _____

NONDISCRIMINATION NOTICE: The Lake Crystal Wellcome Memorial School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to youth groups. The following person has been designated to handle inquiries regarding non-discrimination policies: Ashleigh Foster, Doug Burns, Mikell Hebig 607 Knights Lane, Lake Crystal, MN 56055 Ph: 507-726-2110.

Madelia
Community
Hospital & Clinic

Parental Consent for Treatment

This is to certify that I _____, as parent or guardian of

_____ (student/ athlete) give consent for Madelia Community Hospital & Clinic (MCHC) staff to provide training room injury assessment, evaluation and treatment performed by MCHC certified / licensed staff. I also consent to allowing MCHC to communicate findings and or recommendations to the athlete, parents, coaches, athletic director and other staff when appropriate for continuation of care.

Student Athlete (please print): _____

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Phone number to reach parent: _____

Date: _____

Training room coverage provided by

MCHC Physical Therapy Staff

507-642-5211