SPORTS & FINE ARTS 2023-2024

INDEPENDENT SCHOOL DISTRICT NO. 361

INTERNATIONAL Falls, MN 56649

Dear Candidate:

You are cordially invited to participate in the International Falls High School "Broncos" extra-curricular programs. You are joining many other students in a privilege that can be truly rewarding. We hope you take full advantage of the opportunity to make a commitment towards your activity, giving your best effort in all practices and events.

In order to be eligible for a FHS sport or activity, the following packet must be read carefully by both the parent/guardian and student participant. Once completed and signed, the forms can be returned to the FHS Office. All forms must be returned to the FHS Office prior to the first practice. The activity fee must be paid prior to the first official contest.

MSHSL Eligibility & FHS Eligibility Packet contents:

- 1. MSHSL Eligibility Brochure
- 2. MSHSL Concussion Management Recommendations
- 3. MSHSL Athletic Eligibility Statement Form (student & parent signature required)
- 4. MSHSL Sports Health Questionnaire (student & parent signature required)
- 5. District #361's Advisement of Risk Form (student & parent signature required)
- 6. District #361's Policy for Academic Eligibility (student & parent signature required)
- 7. District #361's Insurance Coverage Form (parent signature required)
- 8. District #361's Activity Fee Schedule
- 9. Category II & Fine Arts only Eligibility Information
- 10. District #361's Waiver of Confidentiality (parent signature optional)
- 11. Discrimination Complaint

ALL CONTENTS MUST BE SIGNED AND RETURNED TO FHS ATHLETIC OFFICE

FOR SPORTS ONLY (not Fine Arts) - MSHSL Sports Physical Examination Forms

A separate Physical Examination Packet must be completed every three years for all student athletes participating in a MSHSL sport. Sports Physical Exam packets are available in the FHS office. Included in the physical examination packet are:

- 1. Physical Examination Medical Eligibility form (completed by medical provider)
- 2. Physical History form (student & parent signature required)
- 3. Sports Qualifying Physical Examination form (completed by medical provider)
- 4. Athlete with Disabilities Supplement (complete if applicable and sign, student/parent)

We hope your experiences in the programs offered by Falls High School will be rewarding and self-satisfying. If you have any questions, please feel free to contact your coach, advisor, or the Athletic Office.

Best wishes for a fun and gratifying participation!

OFFICE USE ONLY:

SPORTS/FINE ARTS FORM COMPLETE
PHYSICAL FORM C COMPLETE – IF EXPIRED
ACTIVITY FEE PAYMENT RECEIVED

MSHSL Eligibility Brochure

<u>Students:</u> 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.

General Student Eligibility Checklist (must be completed by all students) (If you cannot check all 8 items, see your

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

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 9 th 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.

GENERAL BYLAW REVIEW

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

* Denotes rules applicable to cheerleaders

- **1.** *ACADEMIC (Credit Requirement) To be eligible, a student must be making satisfactory progress toward the school's requirement for graduation.
- 2. *AGE A student who turns 20 during the 11th or 12th semester since first entering the 7th grade shall be allowed to participate through the completion of the 12th semester. Adapted athletes are eligible to participate until their 22nd birthday, provided they meet all other eligibility requirements.
- **3. AMATEUR STATUS** A student must be an amateur in that sport. A student may not receive cash or merchandise for athletic participation. A student does not lose her/his amateur status because of reimbursement for officiating, instructing, teaching or coaching a sport. (*Reference Bylaw 201 for further amateur provisions*)
- **4. AWARDS** Acceptable awards to students in recognition of participation in high school activities include medals, ribbons, letters, trophies, plaques and other items of little or no intrinsic value (\$100.00 or less). Violation will render a student ineligible for participation in that activity.
- **5.** *ENROLLMENT, ATTENDANCE, AND REQUIRED SUBJECT LOAD Students must be fully enrolled in (as defined by the Minnesota Department of Education) and attending the school before they are eligible to represent that school in MSHSL sponsored activities. Students must be properly registered, attending school and classes regularly. Students must be on track to meet the school's graduation requirements in six years (12 consecutive semesters) beginning with the first day of attendance in the 7th grade.
 - For transfer eligibility purposes participation in a school program is considered full enrollment at that school.
- **6. FOREIGN EXCHANGE STUDENTS** Approved Foreign Exchange Students are limited to 1 calendar year of high school eligibility beginning with their 1st date of enrollment and attendance.
 - **INTERNATIONAL STUDENTS** Students not participating in a CSIET approved foreign exchange program are eligible only at the B-squad or JV level for one calendar year.
- 7. *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:

- A. I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- B. I will be fully responsible for my own actions and the consequences of my actions
- C. I will respect the property of others.
- D. I will respect and obey the rules of my school and the laws of my community, state and country.
- E. 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.

- **8.** *SEASONS OF PARTICIPATION No student may participate in more than six (6) seasons in any sport while enrolled in grades 7-12, semesters 1-12 inclusive.
- 9. *SEMESTERS ENROLLED -- Each student is eligible for participation in League-sponsored athletic activities for four consecutive school years beginning with their initial entrance into ninth grade.
 - Students in grades 7 and 8 may participate in League sponsored athletics according to Bylaw 105.1.
 - Participation begins once a 7th or 8th grader practices or competes in League sponsored athletics.
 - Students are permitted one school year of participation in 7th grade and one school year of participation in 8th grade for League sponsored athletics.
- **10. JUNIOR HIGH/MIDDLE SCHOOL PARTICIPATION** Participation in high school interscholastic programs is limited to students in grades 7-12 inclusive. Students in grade 7, 8 and 9 may participate if enrolled in the regular continuation school for the educational unit and if all other eligibility requirements of the League have been met. Elementary students in grades 1-6 are not eligible for participation in any MSHSL-sponsored activity; B-squad, junior varsity or varsity level.

11. *GRADUATE — Students who have graduated from a secondary school, or who have completed the terminal or final grade of a secondary school, or who have earned a GED or diploma are not eligible for participation in any League activity A student who graduates while a member of a team with a season in progress may complete the season if three or fewer weeks of the regular season, exclusive of League tournament play, remain.

12. *MOOD-ALTERING CHEMICALS

A. Reference Bylaw 205

Twelve months of the year, a student shall not at any time, regardless of the quantity:

- use or consume, have in possession a beverage containing alcohol;
- use or consume, have in possession tobacco;
- use or consume, have in possession, buy, sell, or give away any other controlled substance or drug paraphernalia,
- use or consume, have in possession, buy, sell or give away products containing, or products used to deliver nicotine tobacco products and other chemicals.

"Tobacco products" means: any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part or accessory of a tobacco product, (5) use or consume, have in possession, buy, sell or give away any substance or product where the intent of such use of the substance or product is to induce intoxication, excitement, or stupefaction of the central nervous system, except under the direction and supervision of a medical doctor. Such substance or products shall include, but are not limited to, synthetic drugs, gasoline, glue, aerosol devices, bath salts, and any substances addressed by Minnesota or Federal law.

- 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.

C. Penalties for Category II Activities

Definition - Category II Activities: Those League-sponsored activities in which a member school does not have a schedule of interscholastic contests, exclusive of League-sponsored tournaments.

Fine Arts Activities

- 1. Speech activities including One Act Play when a school schedules no interscholastic contests and participates only in the League-sponsored tournament series.
- 2. Music Activities.
- 3. Visual Arts Activities.

Each member school shall develop penalties which will apply to the participants in these activities. A copy of the member school's policy shall be filed in the principal's office.

13. *SEXUAL/RACIAL/RELIGIOUS HARASSMENT / VIOLENCE AND HAZING

A. Reference Bylaw 209.00

A student shall not engage in the sexual, racial, religious harassment, violence or hazing during the school year or any

portion of an activity season that occurs prior to the start of the school year or after the close of the school year.

B. Reporting Procedures

- 1. Any person who believes he or she has been the victim of sexual, racial, religious harassment, violence or hazing or any person with knowledge or belief of conduct, which may constitute hazing, shall report the alleged acts immediately to an appropriate school district official designated by this policy.
- 2. The building principal is the person responsible for receiving reports of sexual, racial, religious harassment, violence or hazing at the building level. Any person may report hazing directly to a school district human rights officer or to the superintendent.
- 3. Teachers, administrators, officials, volunteers, and employees of the school district shall be particularly alert to possible situations, circumstances or events which might include sexual, racial, religious harassment, violence or hazing. Any such person who receives a report of, observes, or had other knowledge or belief of conduct, which may constitute sexual, racial, religious harassment, violence or hazing, shall inform the building principal immediately.
- 4. Submission of a good faith complaint or report of sexual, racial, religious harassment, violence or hazing will not affect the complainant or reporter's future employment, grades or work assignments.

C. Reprisal

The school district will discipline or take appropriate action against any student, teacher, administrator, volunteer, coach, official contractor or employee of the school district who retaliates against any person who makes a good faith report of alleged sexual, racial, religious harassment, violence or hazing or against any person who testifies, assists, or participates in an investigation, or against any person who testifies, assists or participates in a proceeding or hearing relating to such sexual, racial, religious harassment, violence or hazing. Retaliation includes, but is not limited to, any form of intimidation, reprisal or harassment.

D. Penalties for Category I Activities

- 1. First Violation: the student shall lose eligibility for the next two (2) consecutive interscholastic contests or two (2) weeks, 14 calendar days, of a season in which the student is a participant, whichever is greater. *Recommendations:*
 - a) It is recommended that the school develop a local education program through which the student would receive information about sexual, racial, religious harassment, violence or hazing.
 - b) 2) It is recommended that, when appropriate, the school refer a student to a community agency or a professional individual outside the school for counseling.
- 2. Second Violation: the student shall lose eligibility for the next six (6) consecutive interscholastic contests or three (3) weeks, 21 calendar days, whichever is greater, in which the student is a participant. *Recommendation: It is recommended that before being re-admitted to activities following suspension for the second violation, the student shall show evidence in writing that the student has received counseling from a community agency or professional individual such as a school counselor, medical doctor, psychiatrist, or psychologist.*
- 3. Third or Subsequent Violations: the student shall lose eligibility for the next twelve (12) consecutive interscholastic contests or four (4) weeks, 28 calendar days, whichever is greater, in which the student is a participant.
- 4. Penalties are progressive and consecutive.

E. Penalties for Category II Activities

Each member school shall develop penalties that it will apply to the participants in these activities. A current copy of the member school's policy shall be kept on file in the member school.

- **14. SERVING A MSHSL PENALTY** A student must be a student in good standing, and able to be placed in the game, meet or contest except for the penalty being served. (Students who are not in good standing due to suspension, expulsion, injury, illness, family vacations, etc. are not able to be placed in a game, meet or contest and are therefore not able to count those contests toward the penalty).
- **15**. **PROGRESSIVE AND CONSECUTIVE PENALTIES** Penalties shall be progressive and consecutive beginning with the student's first participation in a League activity and continuing through the student's high school career.
- **16. COLLEGE/UNIVERSITY TEAMS** Individuals who have participated with a college or university team are ineligible for participation in any activity of the League.
- 17. FAIR HEARING PROCEDURE The League Constitution provides a Fair Hearing Procedure for the student or parent contesting a school's determination of ineligibility for a student. The student has 10 calendar days in which to appeal the school's decision. The appeals process includes an appeal before a hearing panel at the school and the right, if desired, to appeal that decision to the League's Board of Directors. An independent hearing examiner will hear the appeal and make written findings of fact, conclusions and a recommendation for the Board of Directors following the hearing. The Board's

Updated: May 10, 2023 4

decision shall be final. A complete listing of the Fair Hearing Procedure may be obtained from the athletic director or principal of the high school or at www.mshsl.org/governance.

ATHLETIC RULES

- 1. *PHYSICAL EXAMINATION AND PARENTS PERMIT Any student who intends to participate in high school interscholastic athletics and cheerleading activities must have on file in the school, a record of a physical examination performed within the previous three (3) years. A health questionnaire shall be completed annually and could indicate the need for a physical examination prior to participation. The signature of the parent or guardian approving participation is required.
- 2. LAST DATE TO JOIN A TEAM To be eligible for section and state competition, a student must be a member of that school's team not later than the fourth Monday from the official start of that sport season. Gymnasts must be on the school's team not later than the third Monday from the official start of that season. When a sport season begins on a Monday, that day shall be counted as the first Monday.

3. NON-SCHOOL COMPETITION AND TRAINING FOR TEAM AND INDIVIDUAL SPORTS

- A. During the High School Season: During the high school season a student may not participate as a member of a team or as an individual competitor in non-school sponsored games, meets, tournaments or contests, in the same sport.

 Participation defined: practice, training, tryouts, scrimmaging and competing. Season Defined: The high school season shall run from the first date that practice may begin until the team is eliminated in MSHSL tournament competition.

 Baseball, Softball and Skiing are exceptions to this rule.
 - **Exception:** Non-School Training During the High School Season for Athletes Who Qualify as Individual competitors to the State Tournament: (Swimming, Cross Country, Tennis, Skiing, Gymnastics, Wrestling, Synchronized Swimming, Golf, and Track and Field)
 - 1. Lessons/Training: During the MSHSL high school season athletes may take lessons from professionals and other non-school coaches without limit as to where, when or who may provide the training. Athletes may not miss a high school practice, game, or meet to take a lesson or train for a non-school event. Athletes may take lessons and or train with a non-school team/club during the high school season in the same sport.
 - **2. Competition:** Athletes will be able to compete in non-school events/competitions that do not match the events in which athletes currently compete in high school competition.
 - Exception: Summer Vacation Period Students may participate in non-school competitions, meets, games, tournaments in the same sport they currently play at the high school level during the summer vacation period. *See definition of summer vacation below: 14.C.*
 - Summer Coaching waiver: If a student participates on a team coached by a member of the high school coaching staff, coaching contact shall end on July 31 unless a conditional extension to the summer waiver is granted by the school's athletic director.
 - Students may take private lessons during the MSHSL season.
- **B.** During the School Year, Prior To and Following the High School Sports Season A student may participate in contests, meets or tournaments as an individual competitor or as a member of a non-school team provided that these activities are voluntary and not influenced or directed by a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff.
 - 1. A student may not use any type of high school uniform.
 - 2. A student may not receive coaching or training from a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff in that sport. Power skating, tennis, gymnastics, and indoor soccer are included in this limitation.
 - 3. A student may receive training through private lessons from a person who is not a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff in that sport.
 - 4. A student's fee for non-school coaching or training must be provided by the student or the student's parent(s) or guardian(s) unless approved by the Board of Directors.

C. Summer Vacation Period

A student may compete as an individual or as a member of a non-school team even though competing on a high school team in the same sport. Summer shall be defined as June 1 through Labor Day. Summer for the sport of soccer shall be defined as June 1 through Sunday immediately preceding the official starting date of the MSHSL high school soccer season.

Note: Students may participate in activities during the summer, as defined above, even though their high school sport

season in the same sport has begun. For example, students may play in a non-school tennis tournament while a member of the high school team or participate in road races while a member of the cross country team through Labor Day. Soccer is excluded from dual participation as defined above.

D. Penalty

- 1. First Violation: After confirmation of the first violation, the student shall lose eligibility in that sport for the next two (2) consecutive interscholastic contests or two (2) weeks of that season, whichever is greater. If there are fewer than two (2) events remaining in that sport, the loss of eligibility will continue into the next season in that sport. Note: This means that a senior who violates the bylaws at the end of one sport season will lose eligibility for two (2) games in the next sport season in which the student participates.
- 2. Second Violation: After confirmation of the second violation, the student shall lose eligibility in that sport for the next six (6) consecutive interscholastic contests or three (3) weeks, whichever is greater.
- 3. Third Violation: After confirmation of the third or subsequent violations, the student shall lose eligibility in that sport for the next twelve (12) consecutive interscholastic contests or four (4) weeks, whichever is greater.
- 4. Penalties are progressive and consecutive.

E. Special Considerations

- 1. National Teams and Olympic Development Programs
 - The MSHSL may permit participation by high school students on bona fide national teams or in Olympic development programs if:
 - a. The program is approved and supported by the national governing body of the sport or if there is an Olympic development program of training and competition.
 - b. Directly funded by a national governing body on a national level.
 - c. Authorized by a national governing body for athletes having potential for future national team participation. Students who are invited to participate on National Teams or in Olympic Development Programs must contact their high school principal to obtain an application form. This must be completed at least thirty (30) days prior to participation.
- During the school year, students who participate for their school in a sport may participate through training, try-out or competition on a National Team or in a United States Olympic Development Program provided the student receives an individual invitation from the United States Olympic Committee or the United States National Governing Body on the national level for that sport.
- 3. Students who have completed their eligibility in a sport are exempt from the non-school competition and training rules in that sport.

4. ATHLETIC CAMPS AND CLINICS

- **A.** School Year Students may attend athletic camps and clinics which have been approved by their high school principal.
- B. Summer Vacation Period Non-school specialized athletic camps and clinics do not require approval.
 - 1. The non-school sponsored camp or clinic fee must be provided by the student or the student's parent(s) or guardian, unless other arrangements are approved by the Board of Directors.
 - A student may attend a camp or clinic where a member of the school's coaching staff (sophomore, B-Squad, junior varsity or varsity) in that sport owns, administers, directs, organizes, or serves as an instructor or is a staff member during the student's attendance.

C. Penalty

- 1. First Violation: After confirmation of the first violation, the student shall lose eligibility in that sport for the next two (2) consecutive interscholastic contests or two (2) weeks of that season, whichever is greater. If there are fewer than two (2) events remaining in that sport, the loss of eligibility will continue into the next season in that sport. Note: This means that a senior who violates the bylaws at the end of one sport season will lose eligibility for two (2) games in the next sport season in which the student participates.
- 2. Second Violation: After confirmation of the second violation, the student shall lose eligibility in that sport for the next six (6) consecutive interscholastic contests or three (3) weeks, whichever is greater.
- 3. Third Violation: After confirmation of the third or subsequent violations, the student shall lose eligibility in that sport for the next twelve (12) consecutive interscholastic contests or four (4) weeks, whichever is greater.

TRANSFER RULE — Bylaw 111

- A. A transfer student is eligible for varsity competition provided the student was in Good Standing on the date of withdrawal from the last school the student attended and one (1) of the provisions in Section B (below) is met.
- B. A transfer student is eligible for varsity competition if:

- 1. 9th Grade Option: The student is enrolling in 9th grade for the first time.
- 2. Family Residence Change: The student transfers from one public school district attendance area to another public school district attendance area at any time during the calendar year in which there is a change of residence and occupancy in Minnesota by the student's parents. If the student's parents move from one public school district attendance area to another public school district attendance area, the student will be eligible at the public school in the new public school attendance area or a non-public school if the student transfers at the same time the student's parents establish a new family residence. (Please see Definitions for further explanation.)

If the parents move from one public school district attendance area to another public school district attendance area, the student shall continue to be fully eligible if the student continues enrollment in the prior school for the balance of the current marking period or for the balance of the academic school year. If the student elects either of the current enrollment options above, the student will be fully eligible upon transfer to the new school in the public school district attendance area where the student's parents reside or a non-public school.

A student who elects not to transfer upon a parent's change in residence shall continue to be eligible at the school in which the student is currently enrolled.

- 3. Court Ordered Residence Change for Child Protection: The student's residence is changed pursuant to a child protection order placement in a foster home, or a juvenile court disposition order.
- 4. Divorced Parents: A student of divorced parents or parents who were never married, who resides with one parent and moves to reside with the other parent shall be eligible at the time of the move:
 - a. At the public school in the new public school attendance area as determined by the district school board where the new residence is located; or
 - b. At any non-public school.

The student may utilize this provision only one time during grades 9-12 inclusive.

The new residence cannot be located in the same public school attendance area as the previous residence.

Please Note: This provision can only be applied the first time the student moves between parents and changes schools and only if the specific requirements of this provision are met. The intent of this provision is to provide varsity competition eligibility for a student who is living (solely) with one parent and who desires to move to live with the other parent. Additionally, a student of separated parents, who resides with one parent and moves to reside with the other parent shall be eligible at the time of the move.

- 5. Move from Out of State: if a student's parents move to Minnesota from a state or country outside of Minnesota and if the student moves at the same time the parent establishes a residence in a Minnesota public school district attendance area, the student shall be eligible at the first school the student attends in Minnesota.
- C. If none of the provisions in Athletic Rule 5.B.1-5 (above) are met, the student is ineligible for varsity competition for a period of one (1) calendar year beginning with the first day of attendance at the new school.
 - 1. Students are immediately eligible for competition at the non-varsity level.
 - 2. A student may not obtain eligibility as a result of a transfer. If at the time of transfer the student was not fully eligible in the previous school, the student shall be ineligible in the new school. A student who was not in good standing at the time of transfer shall be ineligible until the penalty from the previous school has been served.
 - 3. Multiple Transfers: A student who is serving a one-year varsity competition suspension as a result of a transfer shall have an additional varsity competition suspension for each subsequent (additional) transfer. A new, one-year varsity competition suspension will begin on the first day of attendance or the first day of participation in a fall sport practice at the new school each time the student transfers.
- D. Enrollment Options Program: a student who utilizes Minnesota Statute 124D.03 Enrollment Options Programs, and transfers without a corresponding change of residence by the student's parents shall select one of the participation options identified below:
 - 1. Retain full eligibility for varsity competition for one (1) calendar year at the school where the student was enrolled prior to the transfer after which time the student shall become fully eligible at the school to which the student has transferred; or
 - 2. Be eligible only at the non-varsity level in the school to which the student has transferred for one (1) calendar year.
 - 3. Participation is defined as practice, training, scrimmaging, tryouts and competing.
- E. Return to Former School Policy: A student who transfers from one MSHSL member school to another MSHSL member school is ineligible for varsity competition for a fifteen (15) calendar day period from the first day the student attends

Updated: May 10, 2023 7

practice in the fall or attends classes in the new school for the first time.

- 1. Upon transfer, the student will be ineligible at the former school and may practice at the new school but may not compete in any varsity activity at the new school.
- 2. The student will retain full eligibility at the former school if the student chooses to return to the former school during the fifteen (15) calendar day period.
- 3. If the student remains at the new school, following the fifteen (15) calendar day period, the student will become eligible at the varsity level only when the student has fully met all of the transfer criteria and has been deemed to be eligible both by the new school and the League office.
- 4. If any of the transfer criteria has not been met, the student will be ineligible for varsity competition at the new school and must then choose between varsity eligibility at the former school or JV eligibility at the new school.
- 5. The student may elect to decline the fifteen (15) calendar day period to become eligible to compete at the varsity level at the Receiving School once the school administration determines the student has met all of the varsity participation eligibility criteria.
- 6. A student may utilize this provision one time per 365 calendar day period.

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"

3-24-23

9



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.

ase 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.
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)

	•	nt-athlete will be transported via ambulance to the that we have read the information contained in the	·		
	Brochure and Statement.	that we have read the information contained in the	E 2023-2024 MISHISE Eligibility		
	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 leg effect, validity, and enforceability as a signature in a non-electronic form.				
det inc	termine student eligibility. In ad	release of documents and other pertinent informadition, the student/parent understands and agree ents participating in or attending extra-curricular a	s that public information shall		
Scr					
	m a home school student. YES 🗆	NO I am an online student. YES NO			
I ar	m a home school student. YES Student's Printed Name	NO ☐ I am an online student. YES ☐ NO ☐ Birth Date	Grade in School		
I ar					

2023-2024 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question or your Year 2 Annual Health Questionality of the Check Yes or Yes o	Name _		Birth Da	ate <u>/ /</u>	Date/	<u>/</u>		
Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you go you for the check the check of the	Grade _	School		Sport(s)				
Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer. NTHE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questic AME YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS: this letter Health Questionnaire 1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?	Address							
ATHE LAST YEAR: since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questic AVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS: In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? YES	Phone		Date of Last	Sports Qualifyir	ng Physical Exam (SQPE	E)/		
ATHE LAST YEAR: since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questic AVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS: In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? YES								
In the last year, has any one in your immediate family under age 35 had a heart problem. got cardionyopathy, Marfan Syndrone; or the last year, have you had a head injury or or concession that sufficial ratin/year in your immediate family under age 35 had a heart problem. Parents or Legal Guardians: Please note below any health concerns, medications, or alterigies that may be important for the coaches or athletic/activities director to know. Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.) Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to pasti the days. Nearly every day seeling networs, and the last year, have you had not possible to the coaches or athletic activities. Parent or Legal Guardians: Out of the form of the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.) Activities Director Notes: (a YES answer to any of the following problems? (Circle response.) Not at all Several days. Over half the days. Nearly every day seeling nable to stop or control worrying 0 1 2 3 3 to the last year pleasure in doing things.		<u>Check</u> Yes or No boxe	s for each question	or <u>Circle</u> question	n numbers for which you ca	annot answer.		
thelete Health Questionnaire 1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?					h your physician or your Ye	ear 2 Annual Health (Questi	onnaire
1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?			LOWING QUESTION	<u>IS</u> :				
In the last year, have you passed out or nearly passed out during or after exercise? In the last year, have you had discomfort, pain, lightness, or pressure in your chest during exercise? In the last year, does your heart race or skip beats (irregular beats) during exercise? In the last year, does your heart race or skip beats (irregular beats) during exercise? In the last year, have you get light-headed or feel more short of breath than expected during exercise? In the last year, have you had an unexplained dors desizure? In the last year, has anyone in your immediate family ided suddenly and unexplained dors paperant reason? In the last year, has anyone in your immediate family had instances of unexplained family and exercise? In the last year, has anyone in your immediate family had instances of unexplained family exercise or near drowning? In the last year, has anyone in your immediate family had instances of unexplained family exercise or near drowning? In the last year, has anyone in your immediate family bend and expression of unexplained family expert has anyone in your immediate family and expression. In the last year, has anyone in your immediate family under age 36 heat a heat problems, persensker, or implanted defibrillator? In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? In the last year, have you had COVID-19 illness with trouble breatting, persistent chest pressure, confusion, inability to stay awake; high lever 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. MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES Naupplemental Mental Health Screening Questions (may be cut from form before submitting) Not at	Millete i le	ealth Questionnaile					YES	NO
3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?		IMPORTA	NT HEART HEALTH	QUESTIONS ABO	OUT YOU IN THE LAST YEAR	R		
6. In the last year, have you had an unexplained seizure?	2. In the	last year, have you had discomfort no	irly passed out during	or after exercise?	during exercise?		H	
6. In the last year, have you had an unexplained seizure?								Ħ
IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR 7. In the last year, has anyone in your immediate family ided suddenly and unexpectedly for no apparent reason?	5. In the	last year, do you get light-headed or f	feel more short of brea	ath than expected	during exercise?			
7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?	6. In the							
8. In the last year, has any family member or relative died of heart problems or had an unexplained sudden death before age 35 (including an unexplained drowning or an unexplained caracident)? 9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?	7 In the							
before age 35 (including an unexplained drowning or an unexplained car accident)? 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?	8. In the	last year, has any family member or r	elative died of heart p	problems or had an	unexpected or unexplained	sudden death		
0. In the last year, has anyone in your immediate family been diagnosed with hypertrophic caridomyopathy, Indianal Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? 1. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator? 2. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? 3. 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. 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 are true and accurate and I approve participation in athletic activities. Parent or Legal Guardian Signature Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.) MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES \[\] N Supplemental Mental Health Screening Questions (may be cut from form before submitting) Noter 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 detening a provous, anxious, or on edge 0 1 2 3 10t being able to stop or control worrying 0 1 2 3 3 to being able to stop or control worrying 0 1 2 3 3 to being able to stop or control worrying 0 1 2 3	before	e age 35 (including an unexplained dro	owning or an unexplai	ined car accident)?				
arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? 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 In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? 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. 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 are true and accurate and I approve participation in athletic activities. Parent or Legal Guardian Signature Athlete 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.) MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES \[\text{N} \] Note 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 detenting nervous, anxious, or on edge 1								
ventricular fachycardia?	U. In the	last year, has anyone in your immedia	ate ramily been diagnoathy long or short O	usea with hypertro T.Svndrome Brugs	priic cardiomyopatny, Marfan ada Syndrome, or catecholan	nineraic polymorphic		
1. 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 2. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? 3. 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. 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 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.) MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES \[\text{N} \] Note 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 eleiling nervous, anxious, or on edge 0 1 2 3 3 10 to being able to stop or control worrying 0 1 2 3 3 10 to being able to stop or control worrying 0 1 2 3 3 10 to being able to stop or control worrying 0 1 2 3 3 10 to being able to stop or control worrying 0 1 2 3 3 10 to be in the following problems? (Circle response.)								
2. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? 3. 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. 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 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.) **GOPE DueI			ate family under age 3	35 had a heart prob	olem, pacemaker, or implante			
or memory problems?	0 4	leature as being view beat a bread inform.						
3. 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?								
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. 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 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.) GOPE Due / / MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES N upplemental 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 eeling nervous, anxious, or on edge 0 1 2 3 3 10 to being able to stop or control worrying 0 1 2 3 3 1 11 2 3 3 11 11 1 1 1 1 1 1 1							_	П
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 are true and accurate and I approve participation in athletic activities. Parent or Legal Guardian Signature Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.) MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES New participation in athletic activities. MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES New participation in athletic activities. MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES New participation in athletic activities.		Parents or Legal Guardians: Pl			•	that may be importar	nt	
Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.) MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES Neupplemental 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 deling able to stop or control worrying 0 1 2 3 dittle interest or pleasure in doing things 0 1 2 3 dittle interest or pleasure in doing things 0 1 2 3 dittle interest or pleasure in doing things 0 1 2 3			for the coaches or	athletic/activities	director to know.			
Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.) MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES Neupplemental 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 deling able to stop or control worrying 0 1 2 3 dittle interest or pleasure in doing things 0 1 2 3 dittle interest or pleasure in doing things 0 1 2 3 dittle interest or pleasure in doing things 0 1 2 3	do not kno	ow of any existing physical or addition	al health reason that	would produde pa	rticination in enarts. Leartify th	hat the answers to the	abovo	questic
Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.) **GOPE Due// **MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES \[\bigcap\$ N **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 reeling nervous, anxious, or on edge 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3 **Jot being able to stop or control worrying 0 1 2 3 3	do not kin					nat the answers to the	above	questic
requires a clearance note from a physician prior to participation.) SQPE Due/// MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES \[\] N 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 deeling nervous, anxious, or on edge 0 1 2 3 lot being able to stop or control worrying 0 1 2 3 dittle interest or pleasure in doing things 0 1 2 3		Parent or Legal Guardian Signature		At	hlete Signature	Da	ate	
requires a clearance note from a physician prior to participation.) SQPE Due/// MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES \[\] N 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 deeling nervous, anxious, or on edge 0 1 2 3 lot being able to stop or control worrying 0 1 2 3 dittle interest or pleasure in doing things 0 1 2 3								
MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES N 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 deeling nervous, anxious, or on edge 0 1 2 3 lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3								
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 seeling nervous, anxious, or on edge 0 1 2 3 lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3		requires a	clearance note f	rom a physici	an prior to participation	on.)		
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 seeling nervous, anxious, or on edge 0 1 2 3 lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3								
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 seeling nervous, anxious, or on edge 0 1 2 3 lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3								
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 seeling nervous, anxious, or on edge 0 1 2 3 lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3								
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 seeling nervous, anxious, or on edge 0 1 2 3 lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3	ODE D		MEDICA	LIVELLICIBI	E EOD SDODTS DADI	FICIDAITON, VES	- I	
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 seeling nervous, anxious, or on edge 1 2 3 lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3	QPE D	ue//	WEDICAL	LLT ELLIGIBL	E FUR SPURIS PARI	IICIPAITON. TES	,	
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 seeling nervous, anxious, or on edge 1 2 3 lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3								
Not at all Several days Over half the days Nearly every day 3 lot being able to stop or control worrying 0 1 2 3 little interest or pleasure in doing things 0 1 2 3		-	• •		- -			
feeling nervous, anxious, or on edge 0 1 2 3 Iot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3	over the p	past 2 weeks, how often have you					ay	
lot being able to stop or control worrying 0 1 2 3 ittle interest or pleasure in doing things 0 1 2 3	eeling ne	ervous, anxious, or on edge		1			,	
			0	1				
eeling down, depressed, or hopeless 0 1 2 3				1		3		
(If the sum of responses to questions 1 & 2 or 3 & 4 are >3 please see your provider)	eeling do	own, depressed, or hopeless	0	1	_	3		,

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

Revised 2/10/2023 Updated: May 10, 2023

DEPARTMENT OF ATHLETICS & ACTIVITIES FALLS HIGH SCHOOL ~ HOME OF THE "BRONCOS" INTERNATIONAL FALLS, MN 56649

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE AND ASSUMPTION OF RISK

BOTH the applicant student and a parent/guardian MUST READ and SIGN this form.

RE: International Falls High School Sports & Activities

We understand that participation in sports and activities sponsored by the International Falls High School is a voluntary program for the benefit of the participant and that the student is not required to participate in the program. We are also aware that playing or practicing to play/participate in any sport and some activities can involve risks of injury that may result in a serious impairment of future abilities to earn a living, engage in business, social and recreational activities and generally to enjoy life.

With the dangers/risks of participating in sports and activities, we recognize the importance of following instructions of coaches, teachers and other authorized supervisors of sports and activities regarding playing techniques, training, team rules and the like and agree to obey such instructions.

In consideration of International Falls High School permitting me to try out for any sports or activities and to engage in all activities related to the sport or activity, including, but not limited to, trying out, practicing, or playing/participation in that sport/activity, we hereby assume all risks associated with participation and hereby release International Falls High School, its employees, agents, representatives, and coaches/advisors, from any liability, actions, causes of action, debts, claims, or demands, of any kind or nature whatsoever which may arise by or in connection with participation of the undersigned student in any activities related to the sports/activities engaged in by the student.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executer, administrator, assigns, and for all members of our family.

Signature of student	Date	
Signature of Parent/Guardian	Date	

INDEPENDENT SCHOOL DISTRICT NO. 361 ~ POLICY FOR ACADEMIC ELIGIBILITY

Students will be certified eligible to represent Falls High School in Minnesota State High School League activities, all clubs and extra/co-curricular activities, in grades 7-12 according to Article I, Section 10, of the MSHSL rules and the following criteria:

- 1. In order to be scholastically eligible, a student must be passing all their classes. Falls High School eligibility will be based upon Quarter 1, Semester 1, Quarter 3 and Semester 2 grades. Scholastic eligibility can be regained by following steps 3 through 12 below.
- 2. If a student is ruled ineligible because of a failing grade, s/he may become eligible in two games or two weeks, whichever is greater, after the date that grades become official. It is the **student's responsibility** to show evidence of satisfactory (passing) work in ALL classes in the second week of the semester. A student not passing after the 2 weeks or 2 games penalty will remain ineligible until passing all classes.
- A student who drops a course with a grade of "F" will be ineligible for two weeks or two contests (whichever is greater) with a minimum ineligibility of two weeks. A student shall have one week at the beginning of any course to drop that course with no penalty. A student may also drop a course within one week after the start of any semester with no penalty. A student who drops a course after the one-week period will receive a grade of "F" in the course and will be ineligible from the date the course is officially dropped for two weeks or two contests whichever is greater, with a minimum ineligibility of two weeks.
- **4.** A student who is ruled ineligible for one quarter may practice but not play, with the approval of the principal, the coach, and the activities director.
- 5. Students who are assigned to Special Education classes shall be eligible as long as they are making satisfactory progress towards their Individual Education Plan (IEP) goals.
- **6.** Official school records constitute the basis for determining scholastic eligibility.
- **7.** Work done during summer school or other district approved activities, for the purpose of removing scholastic deficiencies, may be used in determining eligibility in athletics/activities. All deficiencies must be successfully removed prior to being certified for eligibility.
- **8.** Medical excuses and other emergencies will be considered on an individual basis.
- **9.** College courses taken for high school credit are covered by academic rules of School District #361. Any student who receives a failing grade or a no-credit for a college course taken for high school credit will be declared ineligible on the date Falls High School grades become official, with a minimum ineligibility of two weeks or two games whichever is greater.
- 10. In an elective course, if at any time the teacher, student, and parent unanimously agree that the dropping of a course is desirable, there will be no eligibility penalty.
- A student may appeal his/her ineligibility status. The appeal will be heard by a panel of the Principal, Activities Director, and one non-involved teacher. The panel will hear from the student, the teacher involved, parents and other interested parties, and give its decision within one week. The student will remain eligible until the appeal is decided. If the appeal is denied, a five week ineligible period begins on the day the student is informed of the panel's decision.
- 12. All students enrolled in approved on-line learning programs and students who are home-schooled will be required to follow the same guidelines and deadlines as students enrolled at Falls High School. Students in an on-line class will be ineligible if the class is not completed at the end of the semester unless Administration deems an extenuating circumstance.

LEGAL REFERENCE ~ Minnesota State High School League Rules, Article I, Section 10 (EDU 701)

DISTRICT 361 ATHLETIC ELIGIBILITY INFORMATION (Statements to be signed by participant and parent/guardian)

I have read and understand the attached rules and have secured by parent(s)/guardian(s) signature here on which acknowledges their receipt of this bulletin.

I acknowledge receiving the District #361 Eligibility Information attached to this statement.

DEPARTMENT OF ATHLETICS & ACTIVITIES FALLS HIGH SCHOOL - HOME OF THE "BRONCOS" INTERNATIONAL FALLS, MN 56649

2023-2024 INSURANCE COVERAGE FOR SPORTS & ACTIVITIES

NAME		GRADE	DATE OF BIRTH
SPORT/ACTIVITY		YEAR	OF PHYSICAL
The school ad	n of student participating in ministration is aware that n	any families have ad	
Those students partic	cipating in interscholastic s <mark>j</mark>	ports are particularly	y participate in sports as well as fine
We encourage familie		dequate insurance co	nletes/students during competition. verage for their student in the event s.
	PARENTS MUST COMPLETE AND RETURN THIS	ONE OF THE FOLLOV	
•	curred while practi astic sports or fine	_	ticipating in
protection for injurie	•	ter, and we ass acticing for or	
~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·	sured by	· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	STUDENT NAME	,	INSURANCE COMPANY
PARENT	GUARDIAN SIGNATURE		DATE

## **Independent School District #361 Activities Department**

Falls High School, 1515 11th Street International Falls, MN 56649

Timm Ringhofer – Falls High School Athletic Director Phone (218) 283-2571 ext. 1138 Fax (218) 283-2384

## Falls High School Activity Fee Schedule

ACTIVITIES	Junior High/7-8 th	Varsity/Junior Varsity 9th-12th
	_	
FOOTBALL	\$50	\$87.50
VOLLEYBALL	\$50	\$75
CROSS COUNTRY	\$75	\$75
SWIMMING	\$75	\$75
BASKETBALL	\$50	\$87.50
HOCKEY	\$87.50 (girls)	\$87.50
BASEBALL	\$50	\$75
GOLF	\$50	\$75
SOFTBALL	\$50	\$75
TRACK & FIELD	\$50	\$75
CHEERLEADING	NA	\$37.50
SPEECH	\$37.50	\$37.50
ONE ACT PLAY	\$37.50	\$37.50
KNOWLEDGE BOWL	\$25	\$37.50
MHS Induction Fee	NA	\$25
Math Team	NA	\$37.50
Bowling Club	fee set by Bowling Club	fee set by Bowling Club
Trap Club	fee set by Trap Club	fee set by Trap Club
Managers for Sports	no fee	no fee

### Fees are paid to ISD #361

Fees must be paid before the first scheduled contest. Fees can be paid online through Skyward or in the FHS office. Maximum fee paid by any one family with more than one child in extra-curricular activities will be set by the school board.

## REFUNDS will be made for the following reasons:

- 1. Injury or illness approved with a physician's statement.
  - 2. Moving out of the school district.
  - 3. Cut from squad by the coaches.

Full refunds will be made up until the time of the first contest. After the first contest, refunds of 50% will be made up until the mid-season of each activity. There will be <u>NO REFUNDS</u> made after the activity has passed the mid-season point. Refunds will <u>NOT</u> be made to those who quit or are dismissed from an activity for discipline or rule violations.

#### **INDEPENDENT SCHOOL DISTRICT NO. 361**

International Falls, MN 56649

## CATEGORY II & FINE ARTS - CHEMICAL ELIGIBILTY

## Penalties for Category II/Fine Arts Activities

- 1. During the calendar year, regardless of the quantity, the student shall not:
  - A. Use a beverage containing alcohol;
  - B. Use tobacco; or
  - C. Use or consume, have in possession, buy, sell, or give away any other controlled substance. (see Bylaw 304.00 Ineligible Player)

#### 2. Penalties for Category II Activities

Category II Activities are those League – sponsored activities in which a member school does not have a schedule of interscholastic contests, exclusive of League-sponsored tournaments:

#### A. Fine Arts Activities

- (1) Speech activities, including One Act Play, when a school schedules no interscholastic contests and participates only in the League-sponsored tournament series.
- (2) Music Activities

#### **B. FIRST VIOLATION PENALTY**

- (1) The student shall complete six hours of service at the discretion of the Fine Arts Director.
- (2) A written record of service must be kept and signed off by the Director.
- (3) A written notification of violation will be sent home to parents.

#### C. SECOND VIOLATION PENALTY

- (1) The student shall complete 12 hours of service at the discretion of the Fine Arts Director.
- (2) A written record of service must be kept and signed off by the Director.
- (3) A written notification of violation will be sent home to parents.
- (4) A meeting will be held with the student, parent/guardian, Fine Arts Director and the Activities Director to determine any further steps that may need to be taken.

#### D. THIRD VIOLATION PENALTY

- (1) A meeting will be held with the student, parent/guardian, Fine Arts Director and the Activities Director to determine a procedure to regain eligibility.
- (2) A written notification of violation will be sent home to parents.

Each member of the school shall develop penalties which it will apply to the participants in these activities. A current copy of the member school's policy shall be filed in the Principal's office.

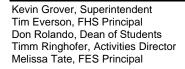
## Independent School District #361 1515 11th Street, International Falls, MN 56649-2501 www.isd361.k12.mn.us

BOARD OF EDUCATION: Roxanne Skogstad-Ditsch, Chairperson • JoAnn Smith, Vice-Chairperson • Tina Sether, Director • Bruce Raboin, Treasurer • Toni Korpi, Clerk • Emily McGonigle, Director • Jessica Crosby, Director

### WAIVER OF CONFIDENTIALITY

### **Sharing Information with Other Programs**

Date:				
To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For				
nission to share your information. Sending in get free or reduced-price meals.				
information from my Free and Reduced-Price  1 Athletic Dept for Athletic Fees.				
ove, fill out the form below to ensure that sted below. Your information will be shared				
School:				
Date:				
Hopkins at 218-285-2571 Ext 1181 or				
11 th St within 10 days of receipt.				





## Independent School District #361

1515 11th Street, International Falls, MN 56649-2501 www.isd361.k12.mn.us

<u>BOARD OF EDUCATION</u>: Roxanne Skogstad-Ditsch, Chairperson • JoAnn Smith, Vice-Chairperson • Tina Sether, Director • Bruce Raboin, Treasurer • Toni Korpi, Clerk • Emily McGonigle, Director • Jessica Crosby, Director

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination</u> <u>Complaint Form</u>, (AD-3027) at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- 2. Fax: (202) 690-7442; or
- 3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

