

## 2015-2016 MSHSL ELIGIBILITY STATEMENT

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:

Fie	ise check an nems.		
	rules of the Minnesota State High Sc	hool League. I understand that a copy of the Official and that I may review it, in its entirety, if I so che	Brochure, which contains only a summary of the eligibility all Handbook of the MSHSL is on file with the senior high oose. The Official Handbook and MSHSL bylaws are also
	We, the student and parent, have r Brochure and on the following wel		ions for MSHSL Athletes contained in the Eligibility
	<ul><li>Twelve (12) months of the year</li><li>Whether I am currently particip</li></ul>		
	Regardless of my age I agree to follo	w all of the MSHSL Bylaws in order to be eligible t	to represent my school in League-sponsored activities.
	I further understand that a member so athletics/activities a school may spor	chool of the MSHSL must adhere to all of the rules sor and that local rules may be more stringent, and	and regulations that pertain to the League penalties more severe, than MSHSL rules.
	<ul> <li>I will respect the rights and beli</li> <li>I will be fully responsible for m</li> <li>I will respect the property of oth</li> <li>I will respect and obey the rules</li> <li>I will show respect to those who A student whose character or and is ineligible for a period of penalty for MSHSL Bylaw violents.</li> </ul>	of my school and the laws of my community, state are responsible for enforcing the rules of my school conduct violates the Student Code of Responsibil f time as determined by the principal. While a stallations.	ept the following responsibilities: consideration.  and country. ol and the laws of my community, state and country. ities or is suspended or expelled is not in good standing udent not in good standing, a student may not serve any
	HIV, Herpes and Hepatitis B and oth supervised school athletic programs, must obey all safety rules, report all equipment daily. PARENTS, GUA WARNING SHOULD NOT SIGN	ers. Although serious injuries are not common and it is impossible to eliminate all risk. Participants has bysical and hygiene problems to their coaches, foll RDIANS OR STUDENTS WHO MAY NOT WIS	the risk of HIV transmission is almost nonexistent in ave the responsibility to help reduce that risk. Participants low a proper conditioning program, and inspect their own SH TO ACCEPT THE RISK DESCRIBED IN THIS
	I consent to the athletic trainer or cosinformation or records relating to the scope of practice.	ich treating injuries and authorize them to discuss these injuries to coaches, school staff and other qualifi	nose injuries with and release any applicable medical ied health care providers as deemed necessary within their
	I further understand that in the case of contact the parent or guardian in the ambulance to the nearest hospital.	of injury or illness requiring transportation to a healt case of the student-athlete being a minor, but that, i	Official Handbook of the MSHSL is on file with the senior high so choose. The Official Handbook and MSHSL bylaws are also endations for MSHSL Athletes contained in the Eligibility illity rules apply:  of my high school eligibility.  gible to represent my school in League-sponsored activities.  rules and regulations that pertain to the League t, and penalties more severe, than MSHSL rules.  SIBILITIES diaccept the following responsibilities:  sy and consideration.  tions.  state and country.  school and the laws of my community, state and country.  subschilities or is suspended or expelled is not in good standing le a student not in good standing, a student may not serve any so mand the risk of HIV transmission of infectious diseases such as not and the risk of HIV transmission is almost nonexistent in ants have the responsibility to help reduce that risk. Participants as, follow a proper conditioning program, and inspect their own T WISH TO ACCEPT THE RISK DESCRIBED IN THIS ARTICIPATE IN AN MSHSL-SPONSORED ACTIVITY  E  cuss those injuries with and release any applicable medical qualified health care providers as deemed necessary within their  a health care facility, that a reasonable attempt will be made to that, if necessary, the student-athlete will be transported via  the information contained in the contents of the Eligibility arme legal effect, validity, and enforceability as a signature in a mation by the school in order to determine student eligibility.  All include names and pictures of students participating in or
	By signing this we acknowledge that	we have read the information contained in the 2015	5-2016 MSHSL Eligibility Brochure and Statement.
In a	Brochure and Statement. I/we also as non-electronic form. student/parent authorizes the releaddition, the student/parent understate.	knowledge this electronic signature has the same le	by the school in order to determine student eligibility.  Independent of students participating in or
Stud	lent's Printed Name	Birth Dale	Grade in School
Stud	lent's Signature		Date
Pare	ent's or Guardian's Signature		Date

## MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

ande School Sport(s)	*	Ba/E					
Check Yes or No boxes for each question or Circle question numbers for which you cannot answer.  THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire.  VEYOU HAD ANY CHANGES TO THE TOLLOWING QUESTIONS:  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  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, have you had an unexplained setzure?  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 setzure?  In the last year, have you had multiply the past of the past year in the last year, have you had setzure?  In the last year, have you had prover intended farmly died suddenly and unexpected for onexplained distriction of the past year years anyone in your immediate farmly died suddenly and unexpected for onexplained sudden death the last year, has anyone in your immediate farmly died suddenly and unexpected for the past year in your immediate farmly died suddenly and unexpected for past proventions are districtive died of heart problems or had an unexpected or unexplained downing in the last year, has anyone in your immediate farmly developed and are accident, or Sudden Infant Destits Syndrome, and the past year have your immediate farmly died explained are accident, or Suddenlinant Destits Syndrome, or catecholaminergic polymorphic ventricular tachycardia?  In the last year, have you had a head injury			Age	_ Birth Date	/	/	
Check Yes or No boxes for each question or <u>Circle</u> question numbers for which you cannot answer.  THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnairs (VEYOU HAD ANY CHANGES TO THE TOLL DAWN GUESTIONS:  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  In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?  In the last year, doe your beard race or skip beals (irregular beals) during exercise?  In the last year, have you had an unexplained setzure?  In the last year, have you had an unexplained setzure?  In the last year, have you had no unexplained setzure?  In the last year, have you had an unexplained setzure?  In the last year, have you had explained forwing, an unexplained you for your immediate family died sudderly and unexpected for non apparent reason?  In the last year, has anyone in your immediate family died sudderly and unexpected for non apparent reason?  In the last year, has anyone in your immediate family developed and an unexplained or excellency not beart than the path of the	School	Sport	(s)				
Check Yes or No boxes for each question or Circle question numbers for which you cannot answer.  THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire VEY YOU HAD ANY CHANGES TO THE FOIL COMMON CHANGES TO THE FOIL CHAN	ss						
THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnairs (VEYOU 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?	Date o	of Last Sports Qua	lifying Physical	Exam (SQPE)	/	/	
THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnairs (VEYOU 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?							
INPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR  In the last year, have you passed out or nearly passed out during or after exercise?  In the last year, have you passed out or nearly passed out during or after exercise?  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, have you had discomfort, pain, lightness, or pressure in your chest during exercise?  In the last year, do you get light-headed or feel more short of breath than expected during exercise?  In the last year, do you get light-headed or feel more short of breath than expected during exercise?  In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained settle heart problems or had an unexpected or unexplained sudden death before age 50 (including an unexplained forwning, an unexplained are accident, or Sudden Infant Death Syndrome)?  In the last year, has anyone in your immediate family developed hypertrophic cardiomyopathy, Marfan Syndrome, and rowning?  In the last year, has anyone in your immediate family developed hypertrophic cardiomyopathy, Marfan Syndrome, and rowning?  In the last year, has anyone in your immediate family developed hypertrophic cardiomyopathy, Marfan Syndrome, or catecholaminergic polymorphic ventricular tachycardia?  In the last year, has anyone in your immediate family been diagnosed with Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short OT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?  In the last year, has anyone in your immediate family developed hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?  In the last year, has exponent or Syndrome, Brugada Syndrome, arrhythmogenic right ventricular tachyca	Check Yes or No boxes for each q	uestion or <u>Circle</u> que	estion numbers fo	r which you cannot	answer.		
In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?			n with your physic	cian or your Year 2	Annual Health	Questi	onnaire
In the last year, have you passed out or nearly passed out or nearly passed out of nearly passed out during or after exercise?	the last year, has a doctor restricted your participation	n in sports for any reas	son without clearing	you to return to spor	rts?		
In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?	IMPORTANT HEART H	<b>IEALTH QUESTIONS</b>	ABOUT YOU IN T	HE LAST YEAR		П	
In the last year, has anyone in your immediate family deed suddenly and unexpectedly for no apparent reason?	the last year, have you had discomfort, pain, tightness	s, or pressure in your	chest during exercis	se?			
In the last year, has anyone in your immediate family deed suddenly and unexpectedly for no apparent reason?	the last year, does your heart race or skip beats (irreg	jular beats) during exe	rcise?	0	*******		
In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?     In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including an unexplained drowning, an unexplained car accident, or Sudden Infant Death Syndrome)?	the last year, have you had an unexplained seizure?			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			H
In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including an unexplained drowning, an unexplained car accident, or Sudden Infant Death Syndrome)?	IMPORTANT HEART HEALT	TH QUESTIONS ABO	UT YOUR FAMILY	IN THE LAST YEAR	₹	_	
before age 50 (including an unexplained drowning, an unexplained car accident, or Sudden Infant Death Syndrome)?							Ш
In the last year, has anyone in your immediate family developed hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT Syndrome, short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?	fore age 50 (including an unexplained drowning, an ur	nexplained car accide	nt, or Sudden Infan	t Death Syndrome)?.			
right ventricular cardiomyopathy, long QT Syndrome, short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?							
ventricular tachycardia?							
cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?	ntricular tachycardia?				***********		
In the last year, has anyone in your immediate family under age 50 had a heart problem, pacemaker, or implanted defibrillator?	In the last year, has anyone in your immediate family been diagnosed with Marfan Syndrome, arrhythmogenic right ventricular cardiomyonathy, long or short OT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?					П	П
Have you had infectious mononucleosis (mono) within the last month?	the last year, has anyone in your immediate family un	der age 50 had a hea	rt problem, pacema	ker, or implanted det			
In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?							
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  Athlete/Activity Director Notes: (a YES answer to any of the questions above							LI
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  Athletic/Activity Director Notes: (a YES answer to any of the questions above	memory problems?						
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I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.  Parent or Legal Guardian Signature  Athlete Signature  Date  Athletic/Activity Director Notes: (a YES answer to any of the questions above		-			nay be importa	ınt	
Parent or Legal Guardian Signature  Athlete Signature  Date  Athlete/Activity Director Notes: (a YES answer to any of the questions above	for the coad	ches or athletic/activ	rities director to kr	now.			
Parent or Legal Guardian Signature  Athlete Signature  Date  Athlete/Activity Director Notes: (a YES answer to any of the questions above							
Parent or Legal Guardian Signature  Athlete Signature  Date  Athlete/Activity Director Notes: (a YES answer to any of the questions above							
Athletic/Activity Director Notes: (a YES answer to any of the questions above					nat the answers	to the a	above
	Parent or Legal Guardian Signature	, :	Athlete Signatur	re	D	ate	
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