

# Worthington Athletics Participation Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School Attended Last Year (if not WHS or WMS) \_\_\_\_\_ Gender: M F  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Father's/Guardian's Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Mother's/Guardian's Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**Request for Permission:** We, the undersigned student and the student's parent/legal guardian, apply for permission to participate in interscholastic athletics in the **following sports: (Please check all sports that apply)** This form for all athletes will be filed by the school district and passed on to the respective coaches during the 2018-2019 school year.

<input type="checkbox"/> Football	<input type="checkbox"/> Basketball	<input type="checkbox"/> Softball
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Baseball
<input type="checkbox"/> Soccer	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Track
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Hockey	<input type="checkbox"/> Golf
<input type="checkbox"/> Tennis	<input type="checkbox"/> Dance	<input type="checkbox"/> Cheerleading

### Athletics Fee Payment

**High School Fees**

- 60 dollars
- 30 dollars (free & reduced lunch)

**Middle School Fees**

- 20 dollars
- 10 dollars (free & reduced lunch)

Families must complete the necessary forms in order to determine eligibility for free and reduced lunch programs.

**Insurance:** The Worthington School District does not provide any type of health or accident insurance for injuries incurred by your child at school. The School District encourages all families to have accident coverage on their children **prior to participation in any sport or school sponsored activity.** The Worthington Public School System offers an Interscholastic Athletic Insurance Policy that provides limited benefits for all students in the system who participate in high school sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for a student with other insurance coverage, but it pays only when other benefits have been exhausted. In cases where a student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the interscholastic athletic insurance policy is the primary policy. To purchase coverage, obtain the form from a coach or the high school office, enclose a check payable to Student Assurance Services, Inc. and return the envelope to the office within ten days. All questions regarding coverage should be directed to Student Assurance Services, PO Box 196 Stillwater, MN. If your son or daughter should be injured while participating in a high school sponsored or supervised interscholastic athletic event, do the following 1. See a physician within 30 days of the injury. 2. Pick up a claim form at your school. 3. Submit the accident claim form within 90 days of the injury.

## CONCUSSION MANAGEMENT RECOMMENDATIONS

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

**Symptoms reported by athlete:** Headache or "pressure" in head; Nausea or vomiting; Balance problems or dizziness; Double or blurry vision; Sensitivity to light; Sensitivity to noise; Feeling sluggish, hazy, foggy, or groggy; Concentration or memory problems; Confusion, Does not "feel right".

**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. The Player is required to pass the ImPact Test provided by the school.
5. Return to play must follow a medically supervised stepwise process.

**Return to play protocol**

As described above, most injuries will be simple concussions, and such injuries recover spontaneously over several days. In these situations, it is expected that an athlete will proceed rapidly through the stepwise return to play strategy.

During this period of recovery in the first few days after an injury, it is important to emphasize to the athlete that physical and

cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery.

The return to play after a concussion follows a stepwise process:

1. No activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Take ImPact Test followed by approval from physician.
3. Light aerobic exercise such as walking or stationary cycling, no resistance training.
4. Sport specific exercise—for example, skating in hockey, running in soccer, progressive addition of resistance training.
5. Non-contact training drills.
6. Full contact training after medical clearance.
7. Game play.

With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. If any post-concussion symptoms occur, the patient should drop back to the previous asymptomatic level and try to progress after 24 hours.

In cases of complex concussion, the rehabilitation will be more prolonged, and return to play advice will be more circumspect. It is envisaged that complex cases should be managed by doctors with a specific expertise in the management of such injuries.

An additional consideration in return to play is that concussed athletes should not only be symptom-free but also should not be taking any pharmacological agent/drugs that may affect or modify the symptoms of concussion. If antidepressant treatment is started during the management of a complex concussion, the decision to return to play while still receiving such medication must be considered carefully by the clinician concerned (see below).

When there are team physicians experienced in concussion management with access to immediate—that is, sideline—neurocognitive assessment, return to play management is often more rapid, but it must still follow the same basic principles, namely full clinical and cognitive recovery before consideration of return to play.

Neurocognitive testing, utilizing computerized program like CogSport (Concussion Sentinel), Impact, and Headminders, can be a useful adjunct to the management of concussion in high school athletes and are best applied to the management of concussion when there is a baseline test to use for comparison after concussion. Baseline testing should be considered for athletes competing in contact sports, especially football, ice hockey, soccer, wrestling, and basketball. Testing is most cost effectively applied after symptoms have resolved.

For more information please refer to [www.concussionsafety.com](http://www.concussionsafety.com)

## SPORTS HEALTH QUESTIONNAIRE

\*\***Check** Yes or No boxes for each question or **Circle** question number you cannot answer.\*\*

**In the last year:**

	YES	NO
1. Has a doctor restricted your participation in sports for any reason without clearing you to return to sports? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you passed out or nearly passed out <i>during</i> or <i>after</i> exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had discomfort, pain, tightness, or pressure in your chest during exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your heart race or skip beats (irregular beats) during exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you get light-headed or feel more short of breath than expected during exercise? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had an unexplained seizure? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, car accident, or Sudden Infant Death Syndrome)? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? .....	<input type="checkbox"/>	<input type="checkbox"/>
10. 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? .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your immediate family been diagnosed with Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, .long QT Syndrome, short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Has anyone in your immediate family under age 50 have a heart problem, pacemaker, or implanted defibrillator? ...	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had infectious mononucleosis (mono) within the last month? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a head injury or concussion that still has symptoms like continuing headaches? .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you had numbness, tingling, weakness in, or inability to move your arms or legs after being hit or falling? ....	<input type="checkbox"/>	<input type="checkbox"/>

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

# 2018-2019 MSHSL ATHLETIC ELIGIBILITY STATEMENT

*Statement to be signed by the participant from a MSHSL member school and by the participant's parent or guardian*

- I have read, understand, and acknowledge receiving the 2018-2019 Athletic 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. The Official Handbook and MSHSL bylaws are also posted on the MSHSL Web site: [www.mshsl.org](http://www.mshsl.org) under Handbook.
- \* We, the student and parent, have reviewed Concussion Management Recommendations for MSHSL Athletes contained in the Eligibility Brochure and found on the League's website [www.mshsl.org](http://www.mshsl.org)
- \* I understand that once I sign the eligibility statement all eligibility rules apply:
  - Twelve (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.
- I further understand that a member school of the MSHSL must adhere to all of the rules and regulations that pertain to the League athletic activities a school may sponsor and that local rules may be more stringent, and penalties more severe, than MSHSL rules.

## STUDENT CODE OF RESPONSIBILITIES

- As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities:
  - I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
  - I will be fully responsible for my own actions and the consequences of my actions.
  - I will respect the property of others.
  - I will respect and obey the rules of my school and the laws of my community, state and country.
  - I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

**A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by the principal. While a student not in good standing, a student may not serve any penalty for MSHSL bylaw violations.**
- *Informed Consent:* By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Herpes and Hepatitis B and others. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN MSHSL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**
- I consent to the athletic trainer or coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.
- I further understand that in the case of injury or illness requiring transportation to a health care facility that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.
- By signing this we acknowledge that we have read the information contained in the Athletic Eligibility Brochure and Statement.

The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student/parent understands and agrees that public information shall include names and pictures of students participating in or attending extra-curricular activities, school events, and High School League activities or events.

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Student's Signature

Parent's or Guardian's Signature

Date



**CODE OF ETHICS ACKNOWLEDGEMENT**

I HAVE READ THE WORTHINGTON HS PARENT/ATHLETE CODE OF ETHICS AND AGREE TO ABIDE BY THE RULES, REGULATIONS AND EXPECTATIONS CONTAINED WITHIN THEM.

PARENT SIGNATURE \_\_\_\_\_

STUDENT/ATHLETE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

Person to call if Parent or Guardian cannot be reached: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Doctor (Name and Phone Number) \_\_\_\_\_

I hereby give my consent for the above named student, to receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of athletic activities or travel.

Signed \_\_\_\_\_

Parent or Legal Guardian