

7-12 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 2022-2023 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		Middle School Fees
60 dollars		20 dollars
30 dollars (free & reduced lunch)		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.

MSHSL Eligibility

Parents/Guardians: REVIEW the following rules with your son or daughter. Your role in stressing the value of following these rules cannot be overstated. **General Student Eligibility Checklist (must be completed by all students)** (If you cannot check all 8 items, see your 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 7th 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 paraphenalia 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 7-12
- _____ 4. Have NOT accepted cash in any amount or merchandise valued at more than \$100 dollars for participating in a sport
- _____ 5. Have NOT and will NOT complete in non-school events in my sport after the reporting for the school team

2022-2023 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 2022-2023 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 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.cdc.gov/headsup/
- * 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.

Student's Signature
Date

Parent's or Guardian's Signature

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 decisions are complex. An athlete may be cleared to return to competition only when the player is free of all signs and symptoms of a concussion at rest and during exercise. Once free of symptoms and signs of concussion, a stepwise symptom free exercise process is required before a player can return to competition.

- Each step requires a minimum of 24 hours.
- The player can proceed to the next level only if he/she continues to be free of any symptoms and or signs at the current level.
- If any symptoms or signs recur, the player should drop back to the previous level.

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. 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 after medical clearance.
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 and www.concussionsafety.com.

Signs Observed by 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"

MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

IN THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire, **HAVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS:**

Athlete Health Questionnaire

Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(If the sum of responses to questions 1 & 2 or 3 & 4 are ≥ 3 , please see your provider)

****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 or 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 35 (including unexplained drowning or unexplained car accident)?.....	<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 has been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, Arrhythmogenic, right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>

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
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EMERGENCY MEDICAL INFORMATION

Student Name _____ Grade _____

Parent/Guardian's Name(s): _____

Contact Number(s): _____

If parents CANNOT be contacted, call:
 Name(s): _____ Home or Cell Phone: _____

Allergies: _____ Date of last Tetanus shot: _____ Current Medications: _____

Other conditions/treatment plans: _____
 Medical Ins Company: _____ Policy Number: _____

*911 will be called in case of emergency. I hereby consent to any medical services and hospital care that may be required while said child is under supervision of an employee of ISD518 (coach, administrator, teacher, athletic trainer) while in a school-sponsored activity and hereby appoint said employee to act on my behalf in securing necessary medical services and hospital care from any duty licensed physician.

Signed Parent or Legal Guardian: _____