

## 2024-2025 MSHSL Eligibility Statement

All MSHSL eligibility determinations are based on the most current official handbook on the MSHSL website at: <a href="https://www.mshsl.org/governance">www.mshsl.org/governance</a>

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.

Ple	ase check all items:
	I have read, understand, and acknowledge receiving the 2024-2025 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: <a href="www.cdc.gov/headsup">www.cdc.gov/headsup</a>
	<ul> <li>I understand that once I sign the eligibility statement all eligibility rules apply:</li> <li>12 months of the year;</li> <li>Whether I am currently participating or not;</li> <li>Continuously from the first signing of the statement through the completion of my high school eligibility.</li> </ul>
	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.  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.

Updated: May 14, 2024

## 2024-2025 MSHSL Eligibility Statement (continued)

	I further understand that in the creasonable attempt will be made but that, if necessary, the studer	to contact the parent or guardia	in in the case of the	e student-athlete being a minor,
	By signing this we acknowledge to Brochure and Statement.	nat we have read the informatio	n contained in the	2024-2025 MSHSL Eligibility
	I/we acknowledge the electronic contents of the Eligibility Brochu effect, validity, and enforceabilit	e and Statement. I/we also ackr	owledge this electr	
det inc	e student/parent authorizes the r termine student eligibility. In add lude names and pictures of stude nool League activities or events.	tion, the student/parent under	stands and agrees	that public information shall
l ar	m a home school student. YES 🗌	NO   I am an online stude	nt. YES 🔲 NO 🔲	
	Student's Printed Name	Birth Date		Grade in School
	Student's Signature			Date
	Parent's or Guardian's Signature			Date

11 Updated: May 14, 2024

## 2024-25 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

arne	Birth Date / / Date _ / /		
ade School			
dress one	Date of Last Sports Qualifying Physical Exam (SQPE)/		
	Date of Last Sports Qualifying Physical Exam (SQPE)	_ '	
Check Yes or No boxes	for each question or Circle question numbers for which you cannot answer.		
THE LAST YEAR, since your last complete VE YOU HAD ANY CHANGES TO THE FOLI	Sports Qualifying Physical Exam with your physician or your Year 2 Annual Healt OWING QUESTIONS:	th Questic	nnair
lete Health Questionnaire			
In the last year, has a doctor restricted your	participation in sports for any reason without clearing you to return to sports?	YES □	
	T HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR		ш
	y passed out during or after exercise?		
	n, tightness, or pressure in your chest during exercise?		
	beats (irregular beats) during exercise?el more short of breath than expected during exercise?	H	$\exists$
	d seizure?	H	Ħ
	ART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR		_
	e family died suddenly and unexpectedly for no apparent reason?		
	ative died of heart problems or had an unexpected or unexplained sudden death		
	vning or an unexplained car accident)?e family had instances of unexplained fainting, seizures, or near drowning?		
	e family been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome,		_
arrhythmogenic right ventricular cardiomyop	thy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphi		
In the last year, has anyone in your immedia	e family under age 35 had a heart problem, pacemaker, or implanted defibrillator?  MEDICAL RISK QUESTIONS IN THE LAST YEAR		Ш
In the last year, have you had a head injury	r concussion that still has symptoms like continuing headaches, concentration problem	ns	
In the last year, have you had COVID-19 illn	ess with trouble breathing; persistent chest pressure; confusion; inability to stay awake;	;	
	r blue-colored skin, lips, or nail beds; or hospitalization and not been approved for		
rotain to sports by a physician			
	health reason that would preclude participation in sports. I certify that the answers to e and accurate and I approve participation in athletic activities.	the above	questi
Parent or Legal Guardian Signature	Athlete Signature	Date	
	•		
	ctor Notes: (a YES answer to any of the questions above		
requires a d	learance note from a physician prior to participation.)		
		_	
PE Due//	MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: Y	ES ∐ N	<b>o</b>
oplemental Mental Health Screening Que	stions (may be cut from form before submitting)		
•	been bothered by any of the following problems? (Circle response.)		
	Not at all Several days Over half the days Nearly every	/ day	
eling nervous, anxious, or on edge	0 1 2 3		
being able to stop or control worrying	0 1 2 3		
le interest or pleasure in doing things	0 1 2 3		
eling down, depressed, or hopeless	0 1 2 3	المادان ومسا	
	(If the sum of responses to questions 1 & 2 or 3 & 4 are ≥3, please see your	provider	)

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

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