



2025-2026 MSHSL Eligibility Statement

All MSHSL eligibility determinations are based on the MSHSL Official Handbook which is available at each member school and is available online at: www.mshsl.org/governance

Statement to be signed by the participant from a MSHSL member school and by the participant's parent(s) or guardian(s) each school year prior to participation in that year.

Please check all items:

- ☐ I have read, understand and acknowledge receiving the 2025-2026 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 MSHSL Official Handbook is available at the member school and is available online at www.mshsl.org/governance, I may review it, in its entirety, if I choose.
- ☐ **We, the student and parent(s)/guardian(s), 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:
 - Twelve 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 MSHSL programs.
- ☐ I further understand that a member school of the MSHSL must adhere to all of the rules and regulations that pertain to the MSHSL programs 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 MSHSL programs, 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 rights and 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. **PARENT(S), GUARDIAN(S) 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 PROGRAM 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.

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- ☐ 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(s) or guardian(s) 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 2025-2026 MSHSL Eligibility Brochure and Statement.
- ☐ 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 legal effect, validity, and enforceability as a signature in a non-electronic form.

The student and parent(s)/guardian(s) authorize the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student and parent(s)/guardian(s) understand and agree that public information shall include names and pictures of students participating in or attending school events and MSHSL programs.

I am a home school student. YES ☐ NO ☐ I am an online student. YES ☐ NO ☐

_____ <i>Student's Printed Name</i>	_____ <i>Birth Date</i>	_____ <i>Grade in School</i>
_____ <i>Student's Signature</i>		_____ <i>Date</i>
_____ <i>Parent's or Guardian's Signature</i>		_____ <i>Date</i>



2025-2026 MINNESOTA STATE HIGH SCHOOL LEAGUE

ANNUAL SPORTS HEALTH QUESTIONNAIRE

Name _____ Birth Date _____ Today's Date _____ Grade _____ School _____

Date of Last Sports Qualifying Physical Exam (SQPE) _____ Sport(s) _____

Address _____ Phone _____

Check Yes or No boxes for each question or Circle question numbers for which you cannot answer.

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

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR | | |
| 2. In the last year, have you passed out or nearly passed out <i>during</i> or <i>after</i> exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last year, does your heart race or skip beats (irregular beats) during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last year, do you get light-headed or feel more short of breath than expected during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last year, have you had an unexplained seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the last year, has a doctor told you that you have any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the last year, has a doctor requested a test for your heart? For example, electrocardiography (ECG) or echocardiogram (ECHO)? | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR | | |
| 9. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including an unexplained drowning or an unexplained car accident)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL RISK QUESTIONS IN THE LAST YEAR | | |
| 14. In the last year, 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"/> |
| 15. In the last year have you become ill while exercising in the heat?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. In the last year, have you learned that someone in your family has sickle cell trait or disease?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. In the last year, have you had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |

Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches or 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

Activities Director Note: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)

SQPE Due _____/_____/_____

MEDICALLY ELIGIBLE FOR SPORTS PARTICIPATION: YES ☐ NO ☐

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
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)

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

Revised 4/4/2025

Updated: May 28, 2025