CLOQUET HIGH SCHOOL / CLOQUET MIDDLE SCHOOL
EXTRACURRICULAR ELIGIBILITY RULES, MSHSL ELIGIBILITY BROCHURE, CONCUSSION MANAGEMENT,
ELIGIBILITY STATEMENT & ANNUAL SPORTS HEALTH QUESTIONNAIRE

STUDENT’S NAME (PRINT): ____________________________________________ GRADE: __________

COMPLETE THIS FORM AND RETURN
By signing below, the student participant and their parent/guardian attest that they have read and agree to all of the rules and regulations provided in this packet and that all responses to the questions are true and correct. This packet contains:

1. MSHSL Eligibility Requirements
2. MSHSL Eligibility Statement
3. Student Code of Responsibilities
4. MSHSL Annual Sports Health Questionnaire
5. ISD 94 Activity Fee Policy
6. Concussion Management Recommendations
7. (A) Cloquet Senior High or (B) Cloquet Middle School Extracurricular Eligibility Rules

Please note that current physicals are considered good for three (3) years from the date of the exam (See 2020-2021 exemption). You must have a current physical on file with us at the Cloquet High School.

By: _____________________________________________________________  Date: ___________________________

Student Signature

By: _____________________________________________________________  Date: ___________________________

Parent/Guardian Signature

(1) MSHSL ELIGIBILITY REQUIREMENTS

Athletic Eligibility Checklist (must be completed by all athletes) **If you cannot check all 6 items, see your athletic/activities director or principal

1. Physical exam within the last three (3) years on file with the school. A student with a 3 year clearance that expires anytime from March 12, 2020 through the conclusion of the 2020-2021 school year will have clearance extended through the end of 2020-2021.
2. Have not transferred schools.
3. Will not participate in more than six (6) seasons in any sport in grades 7-12.
4. Have not accepted cash in any amount or merchandise valued at more than $100 for participating in a sport.
5. Have not and will not compete in non-school events in my sport after reporting for the school team.
6. Have read and discussed with student the concussion information included in this packet.

General Student Eligibility Checklist (must be completed by all students) ***If you cannot check all 7 items, see your AD or Principal

1. Making academic progress toward graduation.
2. Will not have turned 21 before the start of the season in which I participate.
3. Have not dropped out of school or repeated a grade while in high school.
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, or drug paraphernalia.
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.

(2) MSHSL ELIGIBILITY STATEMENTS

Statement to be signed by the participant from a MSHSL member school and by the participant’s parent or guardian Please check all items:

☐ I have read, understand, and acknowledge receiving the 2018-2019 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. 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 on the following website: www.cdc.gov/concussion

☐ 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.

☐ Regardless of my age I agree to abide by all 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.
15. In the last year, have you had numbness, tingling, weakness in, or inability to move your arms or legs after being hit or falling? 

13. Have you had infectious mononucleosis (mono) within the last month? 

10. 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? 

9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? 

8. 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)? 

7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? 

6. In the last year, have you had an unexplained seizure? 

4. In the last year, does your heart race or skip beats (irregular beats) during exercise? 

3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? 

2. In the last year, have you passed out or nearly passed out during or after exercise? 

1. 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 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.

I acknowledge that we have read the information contained in the MSHSL 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.

(4) MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

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:

1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? 

2. In the last year, have you passed out or nearly passed out during or after exercise? 

3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? 

4. In the last year, does your heart race or skip beats (irregular beats) during exercise? 

5. In the last year, do you get light-headed or feel more short of breath than expected during exercise? 

6. In the last year, have you had an unexplained seizure? 

7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? 

8. 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)? 

9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? 

10. 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? 

11. In the last year, has anyone in your immediate family been diagnosed with Marfan Syndrome, arrhythmogenic right ventricular Cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? 

12. In the last year, has anyone in your immediate family under age 50 had a heart problem, pacemaker, or implanted defibrillator? 

MEDICAL RISK QUESTIONS IN THE LAST YEAR

13. Have you had infectious mononucleosis (mono) within the last month? 

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? 

15. In the last year, have you had numbness, tingling, weakness in, or inability to move your arms or legs after being hit or falling?

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.