

SPRING 2020-21 - Sports Registration

Forms due	Sport	Practice starts
March 26	Baseball	March 22
March 26	Softball	March 29
March 26	Boys Tennis	March 29
March 26	Boys / Girls Golf	March 29
March 26	Boys / Girls Track & Field	March 29
March 26	Boys / Girls Lacrosse	April 5
April 5	CI Softball	April 5

FOR OFFICE USE ONLY

Please do not write in this box.

Amount _____ Date _____

Check _____ Cash _____

Fines: _____

Physical date: _____

SPORT: _____

Boys

Girls

FEES and physical are due with this form.

Athletic Fee: \$210 per activity Family Maximum: \$700 _____

Reduced lunch Fee: (\$100) _____ Free lunch Fee: (\$50) _____

Families MUST bring in the letter they received from the district confirming their free/reduced status or sign the waiver below to receive the F/R rate.

This waiver is valid for the current school year and only this student.

I am the parent/legal guardian of the student listed below.

☐ **Yes! I DO want school officials to share my Free/Reduced status with Athletics.**

Parent/Guardian Signature

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE ACTIVITIES OFFICE ALONG WITH ALL FEES BEFORE THE STUDENT WILL BE PERMITTED TO PRACTICE. THE ATHLETIC OFFICE ACCEPTS CASH, CHECK OR CREDIT CARD. MAKE CHECKS PAYABLE TO COOPER HIGH SCHOOL.

Student's Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Phone () _____ Date of Birth _____ Gender: **M** **F**

Parent/Guardian name _____ Cell/Home Phone _____ Work Phone _____

Parent/Guardian Email Address _____

Siblings participating in Athletics/Activities (*Applies to Family Max*): _____

School attending if **NOT** Cooper High School: _____

Have you attended any other High School during grades 9 through 12? No _____ Yes _____

(If yes, see Activities Director) List all the schools enrolled in during the following school years since entering 9th grade.

9th _____ 11th _____

10th _____ 12th _____

* Transfer students must complete the **Transfer Student Information Form**. (see Activities Director)

* Foreign Exchange students must complete the **Foreign Exchange Student/International Student Registration Form**. (see Activities Office)

Please read and complete **both sides** of these forms – student and parent/guardian signatures are required in two places. Your signatures indicate that you have read and agree to the contents of this document and are effective through the 2019-20 school year. This packet must be completed **before** the student will be allowed to practice or play. As a member school of the MSHSL all rules and regulations that pertain to the League athletic activities that a school may sponsor must be adhered to, but that local rules may be more stringent than MSHSL rule. (See district *Students Rights, Opportunities and Responsibilities and Discipline Guideline*.)

A MSHSL Sports physical exam record must be on file with the school prior to a student's participation. Sports Physicals are required every three years and must be valid through the END of the season registering for.

Revised 2/10/2021



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" |



2020-2021 MSHSL Eligibility Statement

All MSHSL eligibility determinations are based on the most current official handbook on the MSHSL website at: www.mshsl.org/about/mshsl-handbook

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. Please check all items:

☐ I have read, understand, and acknowledge receiving the 2020-2021 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 website at: www.mshsl.org/about/mshsl-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/headsup

I understand that once I sign the eligibility statement all eligibility rules apply:

- 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 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.

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 fully understand that Robbinsdale Area Schools does not provide any accident or health insurance coverage for my student while participating in student activities. I fully understand that it is my responsibility to provide insurance coverage for my student. I further agree to not hold the school or anyone acting in its behalf responsible for any injury occurring to the student named below in the proper course of such student activities or travel.

☐ 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 2019-2020 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/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.

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

Student's Printed Name

Birth Date

Grade in School

Student's Signature

Date

Parent's or Guardian's Signature

Date

MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE _____

Name _____ Age _____ Birth Date _____ Grade _____

School _____ Sport(s) _____

Address _____

Phone _____ 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.

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:

- | | 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 or 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"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR | | |
| 7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 35 (including an unexplained drowning or an unexplained car accident)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 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"/> |
| 10. 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"/> |
| 11. 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 | | |
| 12. 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"/> |

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.

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

Athletic/Activity Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)

SQPE Due ____ / ____ / ____

CLEARED FOR SPORTS: YES ☐ NO ☐

Fall Sport

Winter Sport

Spring Sport

Boys

Girls

Boys

Girls

Boys

Girls

COOPER ACTIVITY EMERGENCY CARD

This form goes to the Coach and the Athletic Trainer. **Please provide AT LEAST two phone numbers including a NON-Parent.**

Include Medical History at the bottom.

Date _____

Student Name _____ **DOB** _____ **Grade** _____

Address _____ **Home #** _____

City/State/Zip _____

Parent/Guardian's Name _____ **Work #** _____

Cell # _____

Parent/Guardian's Name _____ **Work #** _____

Cell # _____

***Non-Parent to Notify in Case of Emergency** _____

***Phone Number** _____

Medical History: Answer Yes/No: Diabetes? _____ Epilepsy? _____

Asthma? _____ Allergies? _____ If yes, please list _____

Other medical concerns we should know about this student? _____

Family doctor _____ **Hospital** _____

Parent / Guardian Signature: _____

Date: _____

Where can I get a Sports Physical?

You may use your own doctor or clinic for a physical or these are some other options that may be available to you. **Call ahead to confirm fee information and hours.** Please bring a MSHSL Sports Qualifying Physical Examination Clearance form with you when you visit.

- Apex Chiropractic, New Hope – 763.533.0654 – Same day appointments for about \$20**
- Minute Clinic at CVS Pharmacy and some Target locations, will do walk-in sports physicals for about \$69**
- Some Urgent Care/Express clinics may do sports physicals.

**** Prices may change. Please call to confirm.**

Cooper High School does not endorse any of these options for Sports Physicals. It is the decision of the parent as to where they may bring their student for a physical.



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COVID-19 NOTICE

PLEASE READ CAREFULLY

In accordance with governmental directives, the MSHSL will offer certain activities subject to compliance with local, state, and federal laws, regulations, and guidelines. The Minnesota Department of Health, Minnesota Department of Education and the MSHSL have developed guidance and requirements related to youth sports, use of school facilities and modifications of MSHSL activities designed to keep participants safe and reduce the spread of COVID-19. Even with these measures, the MSHSL cannot guarantee that students or other individuals participating in organized athletic activities ("Participants") will not be exposed to COVID-19. Participants and their parents/legal guardians should consider the risks before participating in any MSHSL activities. It is a shared responsibility to protect everyone from COVID-19 and Participants should follow MDH/CDC guidelines to reduce the risk of exposure, including but not limited to the following:

- Stay home as much as possible;
- Stay at least 6 feet from other people if you are in public places;
- Avoid close contact with people who are sick;
- Wash your hands often, with soap and water. Wash for at least 20 seconds;
- Always wash your hands after being in a public place;
- Always wash your hands after blowing your nose, coughing, or sneezing;
- If soap and water are not available, use hand sanitizer that is at least 60% alcohol;
- Cover your mouth and nose when you cough or sneeze. Cough or sneeze into your elbow or a tissue. Throw used tissues in the trash;
- Wear face coverings/masks that cover your nose and mouth and fit snugly against the sides of your face.

In recognizing the serious nature of the COVID-19 pandemic and the positive impact that participation in MSHSL fine arts activities and athletics has on student participants, it is imperative that students and families know and understand the following:

1. Participating in MSHSL activities is **voluntary**.
2. While participating in MSHSL activities, all laws as well as MSHSL and school rules, guidelines, and protocols related to COVID-19 must be followed.
3. Participant acknowledges the contagious nature of COVID-19, and the Participant understands that there is risk of injury and/or illness from participating in MSHSL activities, including the risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with COVID-19.
4. Participant agrees that if he/she is exposed to, or infected by, COVID-19 during the period of participation, they will immediately cease participation and follow Minnesota Department of Health protocols for schools and activities and MSHSL guidelines for notification and return to participation.
5. Participant has signed a separate Eligibility Statement connected to general participation in MSHSL athletics/activities and agrees that the terms of that statement are wholly incorporated into this document and that the terms of this document are incorporated into the Eligibility Statement.

Additional information regarding Activity Participation and COVID can be found at:

- health.state.mn.us/diseases/coronavirus/sportsguide.pdf,
- health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf
- www.mshsl.org
- www.nfhs.org