



ELK RIVER | OTSEGO | ROGERS | ZIMMERMAN

ISD 728 ONLINE ACTIVITIES REGISTRATION

Before starting registration, parents & students must first review the activities information handbook found at the school website, including the [Minnesota State High School League ELIGIBILITY BROCHURE](#).

In addition to the online registration, athletes must also provide a valid Sports Physical completed within the last three (3) years and current through the entire season. Submit to the school Activities Office prior to first practice.

Online registration provides the required annual eligibility forms, emergency card, and fee assignment with option for immediate payment by credit card. Any student that withdraws from a program after the first contest will not receive a refund. Parent/guardian and student athletes must agree to the terms presented in order to submit the registration.

PLEASE NOTE: All Registrations must be processed by the Activities Office. Any online registration received less than 3 days prior to the start of the season may result in a delay in a students ability to participate (until processing is complete).

The registration is divided into 6 steps: ISD728 requires a Registration be completed for each Co-Curricular Activity/Sport prior to participation:

1. High School Eligibility Form
2. MSHSL Covid 19 Notice
3. MSHSL Athletic Eligibility Statement Form
4. MSHSL Annual Sports Health Questionnaire Form
5. Activity Emergency Card (per each sport/season)
6. Fee assignment (payment required prior to participation)

NOTE: The school district does not provide any type of health or accident insurance for injuries incurred by your child at school. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you feel your coverage is not adequate, as a service to students and families, ISD 728 has contracted with Student Assurance Services Inc, to provide parents with the opportunity to purchase student accident insurance for their child(ren). Students can enroll at any time during the policy period. This is a valuable option for those who desire to provide or supplement their health insurance.

A variety of options exist to meet the needs of the individual, full details can be found on the [Student Accident Insurance Information Flyer](#) and also on our website at: www.isd728.org/Insurance



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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

Student's Signature

Date

Parent or Guardian
Signature

Date

ISD 728 Activity Eligibility Form

Student _____ School _____
Birthdate _____ Grade _____ Activity _____ School Year _____
Address _____
City _____ State _____ Zip _____
Guardian _____ Email _____
Home Phone _____ Work Phone _____ Cell Phone _____

Are you a transfer student? No Yes

STUDENT ACTIVITIES GUIDELINES & TRAINING RULES

These training rules apply to all student activities sponsored by ISD 728 High Schools:

1. All regulations established by the Minnesota State High School League and ISD 728 must be followed.
2. Each coach/advisor will have on file rules and policies which will be enforced by the coach/advisor and the administration.
3. All members of a group will be expected to travel with the group and return with the group. The only exception - when transported by a parent - which must be prearranged.
4. You must be in school the day of the contest in order to participate. Participation includes practice and competition. Regular school attendance policy applies.
5. Any student who participates in high school league activities who is assigned all day in-school suspension will be ineligible for practice and/or competition on that day.
6. ISD 728 students who take part in interscholastic athletics are not permitted to use or have possession of tobacco (including e-cig), drugs, or alcoholic beverages during the calendar year. Penalties are prescribed by the Minnesota State High School League.
7. Students involved in sexual harassment activities, initiations, and/or hazing will be subject to penalties as specified by the MSHSL.
8. Students involved in vandalism of school property, violation of school rules, or violation of the criminal code may be subject to MSHSL penalties. Student must be a good citizen.

GENERAL LETTERING GUIDELINES

1. MSHSL and ISD 728 training rules must be followed. (Students violating the rules during the season will not be eligible for lettering recognition.)
2. Students must complete the entire season as defined in the activity policy. Each program has an individually defined season.
3. Seniors that have faithfully participated in a program may letter.
4. Program managers, tech assistants, etc. may have the opportunity to letter.
5. Fundraising as part of an activity will not be used as a lettering requirement.
6. Each coach shall have on file specific lettering guidelines.

INSURANCE

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you feel your coverage is not adequate, as a service to students and families, ISD 728 has contracted with Student Assurance Services Inc, to provide parents with the opportunity to purchase student accident insurance for their child(ren). Students can enroll at any time during the policy period. This is a valuable option for those who desire to provide or supplement their health insurance.

A variety of options exist to meet the needs of the individual, full details can be found on the

[Student Accident Insurance Information Flyer](#) and also on our website at: www.isd728.org/Insurance

ALL students who wish to participate in an High School activity MUST have this completed form on file at School.

Student's Signature

Date _____

Parent or Guardian
Signature

Date _____



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 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 2020-2021 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 Signature Date _____ Grade in School _____ Birthdate _____

Parent or Guardian 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) _____

Choose Yes, No or Cannot answer for each questions. For office use only

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? (Check response.)

	Not at all	Several Days	Over half of 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)

CANNOT ANSWER
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?.....

IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR

- 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?

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?
- 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)?
- 9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?...**(0000)**.....
- 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?.....
- 11. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator?.....

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?.....

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

My signature indicates 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 Guardian Signature

Athlete Signature

_____ Date

IMPORTANT NOTICE: A YES answer to any of the questions above requires a clearance note from a physician prior to participation.

ISD 728 Activity Emergency Card

All information will remain confidential.
Coach / Advisor will carry card with him/her at all times.

Sport _____

Student _____ Age _____ Grade _____ School _____

Home Address _____ Date of Birth _____

1. Parent/Guardian's Name _____ Email _____

Home phone _____ Cell phone _____ Work phone _____

2. Parent/Guardian's Name _____ Email _____

Home phone _____ Cell phone _____ Work phone _____

PERSON TO CONTACT IN CASE PARENT/GUARDIAN CANNOT BE REACHED _____

Home Phone _____ Cell phone _____ Work phone _____

Family Physician _____ Clinic _____ Clinic Phone _____

Hospital _____ Dentist _____ Dentist phone _____

HEALTH INSURANCE _____ POLICY I.D. NUMBER _____

Please check if the participant has experienced injuries or illnesses with any of the following AND list any previous surgeries:

heart / breathing / diabetic / bone / joint / neuromuscular / other _____

Regular Medications _____ Allergies _____

In case of accident or illness, I authorize the head athletic trainer or a designee to provide appropriate emergency care. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance for transportation for the participant to the hospital listed above, or to the nearest facility based on the conditions pertaining to the incident. I understand that if an immediate ambulance transport is deemed necessary, I may not be notified until after the transport has been initiated.

Parent or Guardian Signature _____ Date _____

Information provided from previous page sports health questionnaire

Please note below any additional health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.