

E-STEM Athlete Eligibility Statement

Statement to be signed by the participant and by the participant's parent/guardian; this form is consent for the entire school year.

STUDENT ATHLETE CODE OF RESPONSIBILITIES

As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities:

--I understand that I must be making satisfactory academic progress in all of my classes in order to participate in my school's athletic program.

--I will be fully responsible for my own actions and consequences of my actions.

--I will respect the property, rights, and beliefs of others and will treat others with courtesy and consideration.

--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.

- *Informed Consent:* Athletic Insurance Information: I understand there is no coverage by the St. Paul Public Schools for insurance or benefit plans for student/athletes. It is recommended that all parents/guardians have some type of hospitalization and medical coverage. By its nature, participation in interscholastic athletes 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 transmissions 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 A ST. PAUL PUBLIC SCHOOL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT/GUARDIAN SIGNATURE.**
- I consent to the 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 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 on the Athletic Eligibility 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 and parent/guardian understands and agrees that public information shall include names and picture of students participating in or attending extra-curricular activities, school events, and High School League activities or events.

Student Athlete's Printed Name	Student ID #	Grade	School Year
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Student Athlete's Signature	Date
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Parent or Guardian's Signature	Date	School Year
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SPPS Middle School Annual Sports Health Questionnaire

This form must be completed, signed, and returned to the school each year prior to student participation in try-outs, practice, and/or games/contests. This form must be updated each school year.

Students who intend to participate in athletics must have a Sports Qualifying Physical Exam. Sports physicals are valid for 3 years. No student will be allowed to practice and/or play without a physical form on file. ■

IN THE LAST YEAR since your last complete Sports Qualifying Physical or your last Annual Sports 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"/> |
| <i><u>IMPORTANT HEART HEALTH QUESTIONS ABOUT THE STUDENT IN THE LAST YEAR</u></i> | | |
| 2. In the last year, have you passed out or nearly passed out during or after 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"/> |
| <i><u>IMPORTANT HEART HEALTH QUESTIONS ABOUT THE STUDENT'S FAMILY IN THE LAST YEAR</u></i> | | |
| 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 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"/> |
| <i><u>MEDICAL RISK QUESTIONS IN THE LAST YEAR</u></i> | | |
| 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 director to know.

Student Athlete's Printed Name

Student ID #

Parent/Guardian Signature

Date