

Middle School Basketball Registration

Game days: Mondays – Fridays

Tournament date: Saturday February 23, 2019

Tournament locations: Southwest & Henry High School

School:

Athletic Director:

Athletic Contact: Terrell.mcmoore@mpls.k12.mn.us

Middle School Sports Registration and Forms

The four forms below must be completed and returned to your site athletic lead with payment to complete your registration.

Registration can also be completed on mplscommunityed.com beginning October 22, 2018 and before the registration deadline of November 26, 2018.

1. Athletic Emergency Referral Card
2. Parent Permission and Health Questionnaire
3. Sports Qualifying Physical Examination
4. Athletic Eligibility Statement

Total cost for Middle School Sports is \$45. Make check payments out to “Minneapolis Community Education” or turn cash payments in a sealed envelope with registration forms. See your site athletic lead for information regarding scholarships and student eligibility.

Contact Terrell McMoore with questions at Terrell.mcmoore@mpls.k12.mn.us

MINNEAPOLIS PUBLIC SCHOOLS

School Copy

ATHLETIC EMERGENCY INFORMATION CARD

NAME _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN (Person to be notified in case of emergency)

NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE: _____

ALTERNATE PERSON TO NOTIFY

NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE: _____

FAMILY PHYSICIAN _____ PHONE: _____

HOSPITAL _____ PHONE: _____

INSURANCE COMPANY _____ POLICY NUMBER _____

SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM

Minnesota State High School League

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F
 Address: _____
 Home Telephone: _____ - _____ - _____
 School: _____ Grade: _____ Sports: _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check Only One Box)

- (1) Participate in all school interscholastic activities without restrictions.
- (2) Participate in any activity not crossed out below.

| Sport Classification Based on Contact | | |
|---------------------------------------|------------------------|--------------------|
| Collision Contact Sports | Limited Contact Sports | Non-contact Sports |
| Basketball | Baseball | Badminton |
| Cheerleading | Field Events: | Bowling |
| Diving | ❖ High Jump | Dance Team |
| Football | ❖ Pole Vault | Field Events: |
| Gymnastics | Floor Hockey | ❖ Discus |
| Ice Hockey | Nordic Skiing | ❖ Shot Put |
| Lacrosse | Softball | Golf |
| Alpine Skiing | Volleyball | Running |
| Soccer | | Swimming |
| Wrestling | | Tennis |
| | | Track |

| Sport Classification Based on Intensity & Strenuousness | | | |
|---|---|---|---|
| | A. Low (<40% Max O ₂) | B. Moderate (40-70% Max O ₂) | C. High (>70% Max O ₂) |
| Increasing Static Component ↑↑↑↑↑ | Field Events: ❖ Discus ❖ Shot Put Gymnastics*† | Alpine Skiing*† Wrestling* | |
| | Diving*† | Dance Team Football* Field Events: ❖ High Jump ❖ Pole Vault*† Synchronized Swimming*† Track — Sprints | Basketball* Ice Hockey* Lacrosse* Nordic Skiing — Freestyle Track — Middle Distance Swimming*† |
| | Bowling Golf | Baseball* Cheerleading Floor Hockey Softball* Volleyball | Badminton Cross Country Running Nordic Skiing — Classical Soccer* Tennis Track — Long Distance |

- (3) Requires further evaluation before a final recommendation can be made.
 Additional recommendations for the school or parents:

- (4) Not cleared for: All Sports
 Specific Sports _____
 Reason: _____

Sport Classification Based on Intensity & Strenuousness: This classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (MaxO₂) achieved and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in an increasing blood pressure load. The lowest total cardiovascular demands (cardiac output and blood pressure) are shown in lightest shading and the highest in darkest shading. The graduated shading in between depicts low moderate, moderate, and high moderate total cardiovascular demands. *Danger of bodily collision. †Increased risk if syncope occurs. Reprinted with permission from: Maron BJ, Zipes DP. 36th Bethesda Conference: eligibility recommendations for competitive athletes with cardiovascular abnormalities. *J Am Coll Cardiol.* 2005; 45(8):1317-1375.

I have examined the above named student and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents.

Attending Physician Signature _____ Date of Exam _____

Print Physician Name: _____

Office/Clinic Name _____ Address: _____

City, State, Zip Code _____

Office Telephone: _____ - _____ - _____ E-Mail Address: _____

Valid for 3 years from above date with a normal Annual Health Questionnaire. [Year 2 Normal] [Year 3 Normal]

IMMUNIZATIONS [Consider Td or Tdap (age 12); MMR (2 required); hep B (3 required); varicella (2 required or history of disease); poliomyelitis (IPV); influenza]

Up-to-date (see attached school documentation) Not up-to-date / Specify _____

IMMUNIZATIONS GIVEN TODAY: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Emergency Contact: _____ Relationship _____

Telephone: (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____

Personal Physician _____ Office Telephone _____ - _____ - _____

ATHLETIC ELIGIBILITY STATEMENT

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

STUDENT 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 the 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 Minneapolis Public Schools for insurance or benefit plans for student/athletes. It is recommended that all parents have some type of hospitalization and medical coverage.** 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 A MINNEAPOLIS PUBLIC SCHOOL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S 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 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 on this 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/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.

Student's Printed Name Birth Date
Grade School Year

Student's Signature Date School Year

Parent's or Guardian's Signature Date School Year