



Middle School Soccer League



Game Dates: September 17, 19, 24, 26, October 1

Tournament Dates: October 8 and 10

Championship Date: October 15

Match Location:

National Sports Center

1700 105th Ave. NE, Blaine

Match Times:

4:00 & 5:30pm



Pool A

1. Andersen
2. Field
3. Seward
4. Hmong International
5. Heritage Academy

Pool B

1. Barton
2. Folwell
3. Marcy
4. Sullivan/Anishinabe

Pool C

1. Anwatin
2. Franklin
3. Northeast
4. Olson
5. Justice Page

Pool D

1. Anthony
2. Jefferson
3. Keewaydin
4. Sanford
5. Lake Harriet

Pool Play Schedule

Pool A (4pm)

Date	Matchup 1	Matchup 2	Bye
Sept. 17	1 vs. 2	3 vs. 4	5
Sept. 19	1 vs. 3	2 vs. 5	4
Sept. 24	1 vs. 4	3 vs. 5	2
Sept. 26	2 vs. 3	4 vs. 5	1
Oct. 1	1 vs. 5	2 vs. 4	3

Pool B (4pm)

Date	Matchup 1	Matchup 2
Sept. 19	1 vs. 2	3 vs. 4
Sept. 24	1 vs. 3	2 vs. 4
Sept. 26	1 vs. 4	2 vs. 3
Oct. 1	1 vs. 2	3 vs. 4

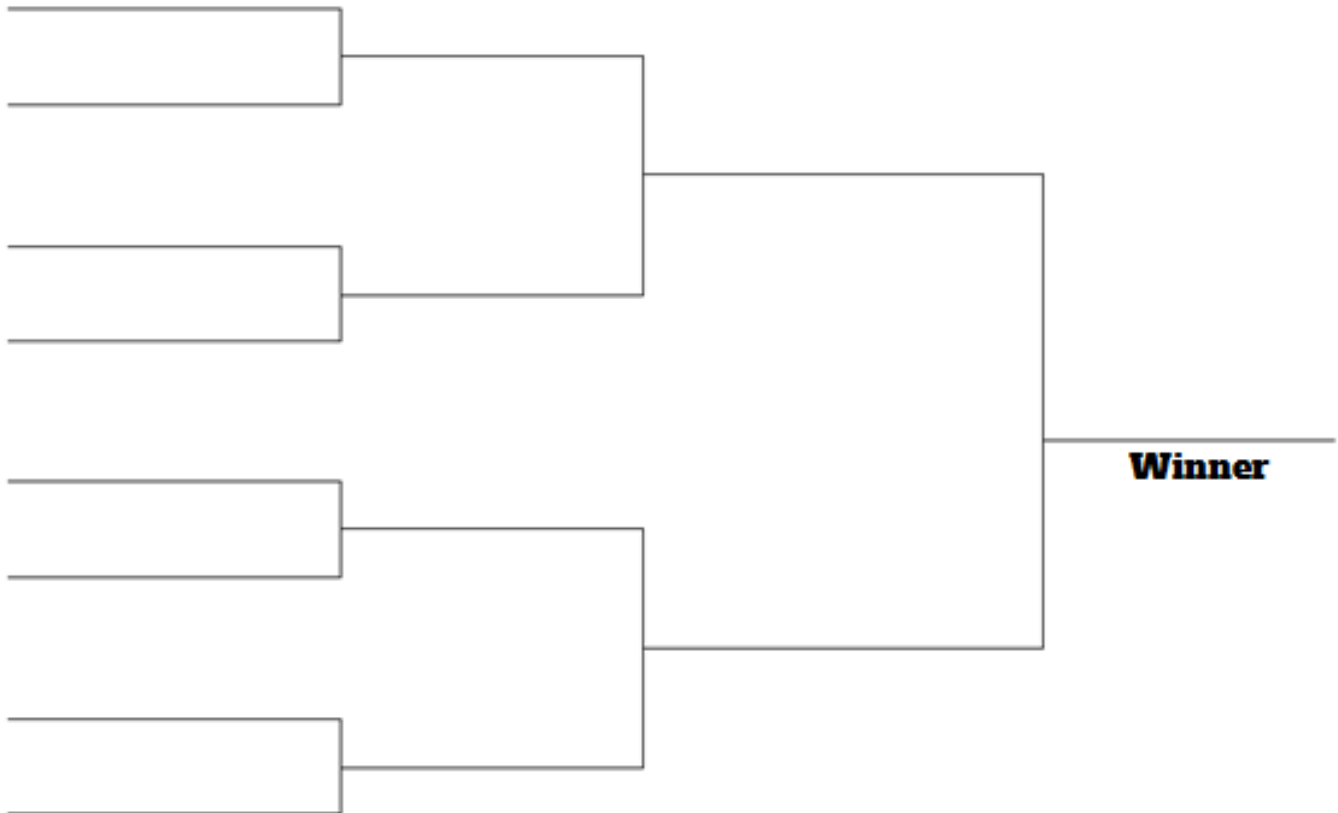
Pool C and D (5:30pm)

Date	Matchup 1	Matchup 2	Bye
Sept. 17	1 vs. 2	3 vs. 4	5
Sept. 19	1 vs. 3	2 vs. 5	4
Sept. 24	1 vs. 4	3 vs. 5	2
Sept. 26	2 vs. 3	4 vs. 5	1
Oct. 1	1 vs. 5	2 vs. 4	3

Tournament Format

- Top two teams in each pool advance
- All 8 advancing teams play on October 8th
- Winners play on October 10th
- Championship on October 15th

8 Team Single Elimination



COED SOCCER RULES AND SCORING

- ❖ Matches will be two 25-minute halves that is running time with a 5-minute halftime.
- ❖ High school rules will be followed with the following exceptions:
 - 1) There is unlimited substitution.
 - 2) If game ends in a tie each team earns 1 point.
- ❖ For Pool Standings teams will be awarded 2 points per win, 1 point per tie, 0 points per loss
- ❖ After warm-ups teams clear the field for official's' meeting, lineups and jewelry checks. **Games must start on time!**
- ❖ All students must wear approved shin guards.
- ❖ No Slide tackling (If a player slide tackles it is an automatic yellow card)
- ❖ All students in good standing must play in game.
- ❖ Teams will use a regulation size 5 ball.
- ❖ All players must have on matching uniform tops with a number on the back and preferably on the front also.
- ❖ If a team does not have enough players, they may forfeit and scrimmage if agreed by both coaches. The forfeiting team will earn 0 points for the loss and the other team will gain 2 points for the win.
- ❖ Penalty for unsportsmanlike conduct including, profanity from players, coaches or spectators:
 - ◆ First offense - warning
 - ◆ Second offense – player/coach will be ejected from the game or practice and suspended from the next game. If a coach is ejected from a game and there is no other adult available to finish coaching the game, the team will forfeit and the game will stop.
 - ◆ All ejections must be reported to the district office within 48 hours after the game by coaches
- ❖ All other Minnesota State High School League rules will be followed.
- ❖ Bring a copy of the rules to all games.
- ❖ **Please read the district philosophy (inside Middle School Manual) regarding Middle School Athletics.**
- ❖ If the official does not show up for a scheduled game, either the coach needs to officiate the game or the coach/District Coordinator (Terrell McMoore) should try to find a teacher or parent that can officiate. You should try to get the game started as close to the starting time as possible. **We never cancel a game because of no officials.**
- ❖ The referee or Middle School Athletics District Coordinator may shorten games to stay on schedule.
- ❖ If a game must be canceled, call the other school and let them know you won't be coming to the game. Also must call transportation and cancel the bus request.
- ❖ A scorebook must to be kept by each team.
- ❖ Postponed games will happen only due to weather and will be made up within one week of postponement according to coach's availability. Postponed games will be communicated by Terrell McMoore to all site AD's by 1pm on game day.
- ❖ Games will be made up if the game was postponed at halftime or sooner. Games postponed after half will not be rescheduled.

Middle School Sports Registration and Forms

The 4 forms below must be completed and returned to your site athletic lead with payment to complete your registration.

Registration may also be completed on mplscommunityed.com beginning August 27th and before the registration deadline of September 5th.

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.

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 _____

PARENT PERMISSION AND HEALTH QUESTIONNAIRE

This form must be completed, signed and returned to the school each year before the student will be permitted to practice or play. This form should be updated each school year.

Name of Student _____ Birth Date _____
Type or Print Month Day Year

School _____ Grade in School **6 - 7 - 8** School Year _____
Circle One

Any student who intends to participate in interscholastic athletics must have a record of a satisfactory physical examination performed by a doctor within the previous three years. No student will be allowed to practice or play without a physical form on file.

The following questions **must** be answered by the parent or guardian:

PLEASE CIRCLE

- | | | |
|--|------------|-----------|
| 1. Does the student named above have a current physical form on file in the school? | YES | NO |
| 2. Has the student been hospitalized since the above physical examination? | YES | NO |
| 3. Has the student had a major injury since the above physical examination? | YES | NO |
| 4. Has the student been found to have only one organ of usually paired organs?
(example: only one kidney, or one good eye) | YES | NO |
| 5. Has the student required medication on a daily or episodic routine?
(example: insulin daily or asthma medication with an attack) | YES | NO |
| 6. Has the student been knocked unconscious, had a concussion, or had a head injury at any time within the past 12 months? | YES | NO |
| 7. Has the student fainted, blacked out, experienced dizziness or chest pain while exercising in the past year? | YES | NO |

By signing this we acknowledge that we have read and understand the contents of the Minneapolis Middle School Eligibility Rules. As a parent/guardian, I give my permission for participation and as a player; I understand that by breaking any of the rules I can be terminated from the team.

PLAYER/STUDENT

ADDRESS

PARENT/GUARDIAN

DATE

Student ID#

Please attach a copy of the physical form if it is not on file at the school.

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)
III. High (>50% MVC)	Field Events: ❖ Discus ❖ Shot Put Gymnastics †	Alpine Skiing† Wrestling†	
II. Moderate (20-50% MVC)	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†
I. Low (<20% MVC)	Bowling Golf	Baseball* Cheerleading Floor Hockey Softball* Volleyball	Badminton Cross Country Running Nordic Skiing — Classical Soccer* Tennis Track — Long Distance

Increasing Static Component → → → → →

- (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

