

June 10, 2009

Dear Students and Parents,

The following items are intended to give you additional information regarding participation in District 16 Activities of 2009-2010.

1. All students who participate in activities sponsored by Independent School District 16 shall be required to comply with Minnesota State High School League and District 16 rules and procedures regarding the use of alcohol, tobacco, or controlled substances during the past summer. School District 16 has adopted additional policies designed to further discourage the use of chemicals and provide for more significant equitable punishment of violations. Further information regarding these policies is provided and will require the signatures of both athlete and parent to indicate awareness. *Please read these policies very closely.*
2. In an continued effort to better inform parents, guardians and athletes about the rules and procedures involving District 16 athletics, the activities director will again host three athletic orientation meetings. These meetings will coincide with the approximate start of each sport season. All interested parties are invited to attend. Head coaches will also hold team meetings regarding specific team rules on the same evening. These general orientation meetings will be held in the SLPHS Competition Gym at 6:30 p.m. on Monday, August 3rd, Monday, November 2nd, and Monday March 1st. **In addition, sport registrations will be accepted beginning at 6:00 p.m. in the Athletic Office lobby each of these evenings.**
3. Athletic physical examinations are required for all athletic department activities. Parents and athletes must plan ahead. A current (within the past 3 years) physical examination is required to participate in any athletic activity.
4. Each high school varsity team coach will name a team member to represent that team on the Student Activities Council. This council will meet throughout the year to discuss issues such as sportsmanship, avoidance of chemicals, and other items of interest and/or need.
5. All athletes interested in continuing their athletic careers in college should consult their counselor regarding all NCAA rules relevant to athletic participation. Items such as core classes, GPA's, test scores, etc. are very important. The simple fact that you graduate from high school (even with good grades) may not be enough to ensure college eligibility. Remember to look into this issue early in your high school career.
6. All Independent School District 16 students who earn a varsity letter regardless of grade in school may purchase and wear a letter jacket.

7. The following are the starting dates for the 2009-10 senior high school sports.

<u>Fall</u>		<u>Winter</u>		<u>Spring</u>	
Cross Country	8-17-09	Boys' Basketball	11-23-09	Baseball	3-22-10
Football	8-17-09	Girls' Basketball	11-16-09	Golf	3-15-10
Soccer	8-17-09	Gymnastics	11-16-09	Softball	3-15-10
Girls' Swim/Dive	8-17-09	Boys' Hockey	11-16-09	Boys' Tennis	3-29-10
Girls' Tennis	8-17-09	Girls' Hockey	11-2-09	Track & Field	3-15-10
Volleyball	8-17-09	Nordic Ski	11-9-09	Adapt. Softball	3-8-10
Cheerleading	8-17-09	Boys' Swim/Dive	11-30-09		
Dance Team	8-17-09	Wrestling	11-23-09		
Adapted Soccer	8-31-09	Cheer Team	11-09-09		
		Dance Team	10-19-09		
		Adapted Floor Hockey	11-23-09		

The site and times of the first practices will be available at the activities office. You can obtain a practice schedule from your coach at the registration meeting or at the first practice. The completion of required forms, payment of fees, and a current physical on file is required before a student may try out for any team.

8. The Spring Lake Park High School Athletic Program is based on the ideals of spirited competition, fair play, and good sportsmanship. Athletes who participate in our programs are expected to display positive behavior, good will, and good citizenship both on and off the field. We are proud of the tradition and positive reputation our Panther athletes and teams have established throughout the metropolitan area and around the state.

We feel that nothing is gained by negative fan behavior. Negative remarks directed at participants, other spectators, coaches, and officials only detract from the purpose of competition and create a negative atmosphere for our athletes. Remember that our athletes are students. They're practicing and learning skills, but they are also forming favorable habits and attitudes that will help them the rest of their lives. Please join us as we reinforce the positive, winning traditions of the past and develop a renewed pride in the Panthers of Spring Lake Park.

9. For additional information on athletic activity rules and policies please call the Athletic/Activities office at 763-785-5549 or the Athletic Director at 763-785-5550.

I. ACTIVITY PARTICIPATION PHILOSOPHY

- A. Independent School District 16 believes that a dynamic program of student athletics is vital to the educational development of its students. This program should provide a quality experience to aid in the development of favorable habits and attitudes in students that will prepare them for adult life.

Athletics should function as an integral part of the total curriculum. Athletics should assist in the development of fellowship and good will, promote self-realization and all-around growth, encourage learning the qualities of good citizenship, and offer students opportunities to represent their school.

- B. Athletics play an important part in the life of students in Independent School District 16. Young people learn a great deal from their participation in interscholastic athletics. Lessons in sportsmanship, teamwork, competition, and how to succeed and fail gracefully are an integral part of each activity in our athletic program. Athletics play an important part in helping the individual student mold a healthy self-concept as well as a healthy body. Athletic competition adds to our school spirit and helps all students - spectators as well as participants - develop pride in their school and in themselves.
- C. The major objective of the program is to provide wholesome opportunities for students to develop favorable habits and attitudes regarding social and group interaction.

Coaching should be of the highest quality so as to exemplify to the participants the desired behavior to be developed within the athletic program. Measurement of coaching success should not solely be in terms of the quantifiable evidence of team or individual success, but rather in the total educational outcome of each activity.

The athletic program and administration should always conform to the general objectives and policies of the school. At no time should the program place the total educational curriculum secondary in emphasis; the program should constantly strive for the development of well-rounded individuals, capable of taking their place in modern society.

- D. We believe that the opportunity for participation in a wide variety of student-selected activities is a vital part of the students' educational experiences. Such participation is a *privilege* that carries with it responsibilities to the school, to the activity, to the student body, to the community, to the coaching staff, to the team members, and to the participants themselves. These experiences contribute to the development of learning skills and emotional patterns that enable students to make maximum use of their education.

Independent School District 16 student activities are considered a part of the school's program of education that strives to provide experiences that will help to develop students physically, mentally, socially, and emotionally.

- E.** The interscholastic athletic program shall be conducted in accordance with existing school board policies, rules, and regulations. While the school board takes great pride in success, it does not condone "*success at any cost*" and discourages any and all pressures that might tend to neglect good sportsmanship and good mental and physical health. At all times, the athletic program must be conducted in such a way so as to justify it as an educational activity.
- F.** Every effort should be made to support the athletic program with the best facilities and equipment, and with the most qualified staff available. Coaches and advisors should teach the specific skills necessary for improvement in activities and provide guidance in the nurturing of self-realization, good sportsmanship, cooperation, leadership, ethical behavior, and appreciation of the importance of practice. As much as possible, classroom objectives should be applied and developed further through participation in the athletic program.
- G.** The ultimate goals of the athletic program should be to teach students the value of participation and competition, while balancing the importance of winning and the growth of positive citizenship traits.
- H.** The success of a team and enhancement of team values and objectives shall be a major consideration, but individuals shall not be demeaned in order to forward the success of the team.
- I.** Respect for team membership shall be observed by the team members and the coaching staff. Roles and expectations for team membership and participation shall be stated as clearly as possible.
- J.** The commitment to remain free of alcohol, tobacco, and chemicals while a participant in high school athletics shall be an integral part of participation. The athlete's pledge to do so shall be of the highest regard. The failure to adhere to this pledge will result in severe consequences.

INDEPENDENT SCHOOL DISTRICT 16
2009-2010 ATHLETIC/ACTIVITY FEES

The athletic activity fee structure and fee procedure adopted by the school board is as follows:

- A. All high school (9-12) students participating in activities department athletics including dance team and cheerleading will be required to pay:
- 1) \$200.00 for the first participation
 - 2) \$150.00 for the second participation
 - 3) \$125.00 for the third participation
 - 4) \$25.00 each trimester for weight room only
 - 5) \$75.00 each trimester for high speed treadmill (must already be in weight room)
- B. All middle school (7-8) students participating in activities department athletics will be required to pay :
- 1) \$150.00 for the first participation
 - 2) \$125.00 for the second participation
 - 3) \$100.00 for the third participation
 - 4) \$ 75.00 for the fourth participation

Middle school students will pay the middle school rate irregardless of whether they participate on a solely middle school team or on a combined middle/high school team.

- C. All high school (9-12) students participating in activities department programs listed below will be required to pay:

\$50.00 - Math Team
\$50.00 - Mock Trial
\$50.00 - Drama Club (per production)
\$30.00 - Set/Tech Crew (per production)
\$50.00 - One Act Play

- D. Cases of financial need will be dealt with by the athletic director and/or middle school coordinator. The criteria for free and reduced lunch will serve as the primary guidelines. You will need to show proof of enrollment in the free or reduced lunch program for the reduced fees to apply.
1. A student shall be considered on a team for the season after two weeks of participation or after the team's first scheduled contest.
 2. Refunds will be made or credit allowed toward another sport to students who participate less than two weeks and drop prior to the first scheduled contest. Students shall contact the activities director at the time of resignation and request a refund or credit.
 3. Any student who qualifies for free or reduced lunch shall also qualify for free or reduced activity fees (no fee or ½ fee respectively). It is the responsibility of the student to request the reduction and to furnish any documentation required.
 4. Unusual occurrences such as illness, injury, transfer; etc. will be handled by the activities director.
 5. No student will be allowed to participate until his/her fee obligation has been resolved and the activities department has signed his/her release form. The activities department will handle the collection of fees.
 6. All students will pay fees relative to their grade in school, not the level of participation.
 7. The payment of activity fees provides the opportunity to be on the team roster. It does not guarantee playing or participation time (see District 16 expectations).

Date: June 10, 2009

**To: Spring Lake Park High School Athletes
Parents/Guardians of Spring Lake Park Athletes**

From: SLP Activities Director

Re: Academic Participation Standards

Spring Lake Park High School has an established academic standard for athletic participation. This standard has been in place for several years. The purpose of this standard is to insure that academics do receive priority in the student athlete's school life. The procedures involved with the academic standards are designed to encourage the student athlete who is deficient to improve his/her status by improving his/her class work. Various probationary periods are allowed and an athletic academic review committee can be called to hear cases of special need. Both students and guardians should be aware that participation in athletic activities is a privilege not a right of school attendance and this privilege can be denied if the student fails to meet the required standards or show significant improvement. The coaching staff has been encouraged to monitor students with problems and advise them accordingly, *but the final responsibility for eligibility rests with the student athlete.*

The following are the basic standards for participation in grades 9-12 at Spring Lake Park High School

- 1) Pass a minimum of five (5) credits per trimester and a total of seventeen (17) credits per year.
- 2) Maintain an overall cumulative grade point average of:
 - 9th Grade - 1.70 (D+ work)
 - 10th Grade - 1.85 (C- work)
 - 11th Grade - 2.00 (C work)
 - 12th Grade - 2.00 (C work)
- 3) Athletes are initially allowed one year of probationary status. All athletes whose probationary status is extended beyond that must have their case reviewed.

There are other considerations but generally any student who is failing to meet the above standards is in jeopardy of losing his/her privilege to participate. The student athlete or the guardian of any student who is failing to meet the standards should contact the activities director and discuss the status of that student. The activities director can provide advice on how the student athlete may improve his/her status. The number for the activities director is 763-785-5550.

INDEPENDENT SCHOOL DISTRICT 16

SPORTSMANSHIP CODE

COACHES:

1. Know and follow the rules of your sport.
2. Accept the decisions of contest officials without inappropriate behavior.
3. No unsportsmanlike gestures or language.
4. Display modesty in victory and graciousness in defeat.
5. Refrain from displaying of criticism in public arena.

PARTICIPANTS:

1. Show respect for your opponents.
2. Know and follow the rules of your sport.
3. Accept the decisions of contest officials without inappropriate behavior.
4. No unsportsmanlike gestures or language.
5. Display modesty in victory and graciousness in defeat.

SPECTATORS:

1. Show an interest in the contest by taking part in cheers with the cheerleaders and applauding good performances made by any participant.
2. Work cooperatively with contest officials and site supervisors who are there to keep order.
3. Refrain from booing, making negative comments, or placing blame on participants, coaches, or contest officials.
4. Stay off the playing floor of contest area at all times.
5. Show respect for property by not causing damage to equipment of facilities.
6. Display modesty in victory and graciousness in defeat.

CHEERLEADERS:

1. Use discretion in selecting the times to cheer.
2. Lead positive cheers that support and uplift your team and promote good sportsmanship.
3. Show and encourage support for any participant who leaves the contest after being injured.
4. Show respect for opposing cheerleaders by wishing them good luck before the contest and congratulating them in a sincere manner following either victory or defeat.

BANDS:

1. Choose appropriate music and time for performing.
2. Dress in an appropriate school approved manner.
3. Show respect at all times for officials, opponents, and spectators.
4. Show respect at all times for property, equipment, and facilities.
5. Refrain from unsportsmanlike gestures and language.
6. Show modesty in victory and graciousness in defeat.

DISTRICT 16 ADMINISTRATION:

1. Provide the student body and parents with the sportsmanship code and related information.
2. Give a copy of sportsmanship information to all individuals attending contests.
3. Appoint supervisors as needed for each contest in which our schools participate.
4. Remind all fans and participants that they are guests in the home team's facility.
5. Enforce the sportsmanship code.

ACTS OF MISCONDUCT:

1. Possessing, dealing, consuming, or being under the influence of chemicals or the use of tobacco. ***
2. Possession of any weapons.
3. Loitering on or in the athletic arena.
4. Throwing of any object into the playing surface or in the stands.
5. Behavior deemed dangerous or behavior which interferes with the rights of others to observe the game.
6. Use of obscene, profane, or abusive language or gestures, posters, or banners that show disrespect for the opposing teams, officials, cheerleaders, bands, or other performing groups.
7. Use of electric or pneumatic noisemakers.
8. Entry into the playing surface during play.

These acts of misconduct will not be tolerated and will result in automatic removal from the event without a refund of admission. Further disciplinary action may follow in accordance with school and/or district policy.

***Minors may not possess tobacco.

2009-2010 MSHSL 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 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 Diving Ice Hockey Wrestling Boys' Lacrosse Football Soccer	Baseball Field Events High Jump Pole Vault Gymnastics Softball Cheerleading Adapted Floor Hockey Nordic Skiing Alpine Skiing Girls' Lacrosse Volleyball	Badminton Field Events Discus Shot Put Tennis Dance Team Golf Cross Country Running Swimming Track

Sport classification based on intensity and strenuousness

High Intensity High-to-Moderate Dynamic High-to-Moderate Static	High Intensity High-to-Moderate Dynamic Low Static	High Intensity Low Dynamic High-to-Moderate Static	Low Intensity Low Dynamic Low Static
Alpine Skiing Cross Country Running Distance Track Events Football Ice Hockey Nordic Skiing Sprint Track Events Wrestling	Badminton Baseball Dance Team Lacrosse (Boys and Girls) Soccer Softball Swimming Tennis Volleyball	Cheerleading Diving Field Events Gymnastics	Golf

(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: _____

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: _____

Print Physician Name: _____

Address: _____

Office Telephone: _____ - _____ - _____

COPY THIS CLEARANCE FORM FOR THE STUDENT TO RETURN TO THE SCHOOL AND KEEP THE ENTIRE 3-PAGE FORM IN THE STUDENT'S MEDICAL RECORD.

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; 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 _____ - _____ - _____

2009-2010 MSHSL SPORTS QUALIFYING PHYSICAL HISTORY FORM

DATE OF EXAM _____

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

History

Circle Y for Yes or N for No

Circle Question Number (1. etc) of questions for which the answer is unknown.

- 1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports? Y / N
2. Do you have an ongoing medical condition (like diabetes or asthma)? Y / N
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Y / N
List: _____
4. Do you have allergies to medicines, pollens, foods, or stinging insects? Y / N
5. Have you ever passed out or nearly passed out DURING exercise? Y / N
6. Have you ever passed out or nearly passed out AFTER exercise? Y / N
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Y / N
8. Does your heart race or skip beats during exercise? Y / N
9. Has a doctor ever told you that you have? (circle): High blood pressure A heart murmur High cholesterol A heart infection Rheumatic fever
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram, stress test) Y / N
11. Has anyone in your family died suddenly and unexpectedly for no apparent reason? Y / N
12. Does anyone in your family have a heart problem? Y / N
13. Has any family member or relative died of heart problems or of sudden death before age 50? Y / N
14. Has anyone in your family less than 50 years old had unexplained drowning while swimming or an unexplained car accident? Y / N
15. Does anyone in your family have Marfan syndrome? Y / N
16. Have you ever spent the night in a hospital? Y / N
17. Have you ever had surgery? Y / N
18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? Y / N
19. Have you had any broken or fractured bones, or dislocated joints? Y / N
20. Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? Y / N
If yes, circle below:
Head Neck Shoulder Chest Upper Arm Elbow Forearm Hand/Fingers Upper Back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes
21. Have you ever had a stress fracture? Y / N
22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Y / N
23. Do you regularly use a brace or assistive device? Y / N
24. Has a doctor ever told you that you have asthma or allergies? Y / N
25. Do you cough, wheeze, chest tightness, or have difficulty breathing during or after exercise? Y / N
26. Is there anyone in your family who has asthma? Y / N
27. Have you ever used an inhaler or taken asthma medicine? Y / N
28. Do you develop a rash or hives when you exercise? Y / N
29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? Y / N
30. Have you had infectious mononucleosis (mono) within the last month? Y / N
31. Do you have any rashes, pressure sores, or other skin problems? Y / N
32. Have you had a herpes skin infection? Y / N
33. Have you ever had a head injury or concussion? Y / N
34. Have you been hit in the head and been confused or lost your memory? Y / N
35. Have you ever had a seizure? Y / N
36. Do you have headaches with exercise? Y / N
37. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Y / N
38. Have you ever been unable to move your arms or legs after being hit or falling? Y / N
39. When exercising in the heat, do you have severe muscle cramps or become ill? Y / N
40. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? Y / N
41. Have you had any problems with your eyes or vision? Y / N
42. Do you wear glasses or contact lenses? Y / N
43. Do you wear protective eyewear, such as goggles or a face shield? Y / N
44. Are you happy with your weight? Y / N
45. Are you trying to gain or lose weight? Y / N
46. Has anyone recommended you change your weight or eating habits? Y / N
47. Do you limit or carefully control what you eat? Y / N
48. Do you get tired more quickly than your friends do during exercise? Y / N
49. Do you have any concerns that you would like to discuss with a doctor? Y / N
FEMALES ONLY
50. Have you ever had a menstrual period? Y / N
51. How old were you when you had your first menstrual period? _____
52. How many menstrual periods have you had in the last year? _____

Notes: _____

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

Student-Athlete Signature

Date

2009-2010 MSHSL SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F

Follow-Up Questions About More Sensitive Issues:

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
9. Question "Risk Behaviors" like guns, seatbelts, unprotected sex, domestic violence, drugs, and others.

Notes About Follow-Up Questions:

MEDICAL EXAM

Height _____ Weight _____ BMI (optional) _____ % Body fat (optional) _____ Arm Span _____
 Pulse _____ BP _____ / _____ (_____ / _____)
 Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Hearing: R ____ L ____ (Audiogram or confrontation)

Exam	Normal	Abnormal Notes	Initials*
Appearance	Y / N		
HEENT	Y / N		
Eyes	Y / N		
Fundoscopic	Y / N		
Pupils	Equal / Unequal		
Ears/Nose	Y / N		
Hearing	Y / N		
Throat	Y / N		
Dental	Y / N		
Lymph Nodes	Y / N		
Thyroid	Y / N		
Heart	Y / N		
Murmurs	Y / N		
Pulses	Y / N		
Lungs	Y / N		
Abdomen	Y / N		
Genitourinary (Male)	Y / N		
Hernia	Y / N		
Tanner Staging (optional)	I II III IV V		
Skin	Y / N		
Musculoskeletal			
Neck	Y / N		
Back	Y / N		
Shoulder/Arm	Y / N		
Elbow/Forearm	Y / N		
Wrist/Hand/Fingers	Y / N		
Hip/Thigh	Y / N		
Knee	Y / N		
Leg/Ankle	Y / N		
Foot/Toes	Y / N		
Duck Walk	Y / N		

* Required Only if Multiple Examiners

Notes: _____

Assessment:

Immunizations: Up-to-Date

Health maintenance:

Plan:

- Cleared for sports without restriction Restricted participation (see Clearance Form)
- Immunize if needed (Required by age 12: DTaP series plus tD with Pertusis, 4 HIB, 2MMR, 3 HBV, 4 IPV, 2 varicella)
- Consider Flu Shot (Asthma, winter athletes)
- Lifestyle, health, and safety counseling
- Discussed dental care and mouthguard use
- Discussed Lead and TB exposure – (Testing indicated / not indicated)

Attending Physician Signature: _____ Date: _____

Minnesota State High School League
2009-2010 PI ADAPTED ATHLETICS PHYSICAL EXAM FORM Addendum
(Use only for Adapted Athletics - PI Division)

The MSHSL has competitive interscholastic Physically Impaired (PI) competition. Students who are deemed fit to participate in competitive athletics from a MSHSL sports qualifying exam should meet the criteria below to participate in Adapted Athletics – PI Division.

The MSHSL Adapted Athletics PI Division program is specifically intended for students with physical impairments who have medical clearance to compete in competitive athletics. A student is eligible to compete in the PI Division with one of the following criteria:

The student must have a diagnosed and documented impairment specified from one of the two sections below:
(Must be diagnosed and documented by a Physician and/or Physicians Assistant.)

- 1. _____ Neuromuscular _____ Postural/Skeletal _____ Traumatic
_____ Growth _____ Neurological Impairment

Which: _____ affects Motor Function _____ modifies Gait Patterns

(Optional) _____ Requires the use of prosthesis or mobility device, including but not limited to canes, crutches, walker or wheelchair.

- 2. _____ Cardio/Respiratory Impairment that is deemed safe for competitive athletics, but limits the intensity and duration of physical exertion such that sustained activity for over five minutes at 60% of maximum heart rate for age results in physical distress in spite of appropriate management of the health condition.

(NOTE:) A condition that can be appropriately managed with appropriate medications that eliminate physical or health endurance limitations WILL NOT be considered eligible for adapted athletics.

Specific exclusions to PI competition:

The following health conditions, without coexisting physical impairments as outlined above, do not qualify the student to participate in the PI Division even though some of the conditions below may be considered Health Impairments by an individual's physician, a student's school, or government agency. This list is not all-inclusive and the conditions are examples of non-qualifying health conditions; other health conditions that are not listed below may also be non-qualifying for participation in the PI Division.

Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), Emotional Behavioral Disorder (EBD), Autism spectrum disorders (including Asperger's Syndrome), Tourette's Syndrome, Neurofibromatosis, Asthma, Reactive Airway Disease (RAD), Bronchopulmonary Dysplasia (BPD), Blindness, Deafness, Obesity, Depression, Generalized Anxiety Disorder, Seizure Disorder, or other similar disorders.

Student Name _____

Attending Physician/Physician Assistant (PRINT) _____

Attending Physician/Physician Assistant (SIGNATURE) _____

Date of Physical Exam _____