



## Loyola Catholic School All School Round-up August 10, 2016

Forms included:

- Lifetouch Picture Order Form (Preschool-grade 12)
- Educational Benefits Form (PreK-grade 12)
- Food Allergy Letter (PreK-grade 12)
- Special Diet Statement Form (PreK-grade 12)
- August Lunch Menu (PreK-grade 12)
- September Lunch Menu (PreK-grade 12)
- Virtus Training Information (Preschool-grade 12)
- Volunteer Background Check Form (Preschool-grade 12)
- Clubhouse After School Care Form (Preschool-grade 5)
- Laptop Agreement (Grades 7-12)
- MSHSL Eligibility Form (Grades 6-12)
- Physical Exam (Athletics) Form (Grades 6-12)
- Parking Permit Form (high school)

**Picture Day is:** *El Día de la Foto es:*

**Loyola Catholic Schools**  
**Wednesday, August 10,**  
**2016**

Picture Day ID: KA016205Q0

Order before Picture Day at  
**mylifetouch.com**

*Encarga antes del Día de la Foto en mylifetouch.com*



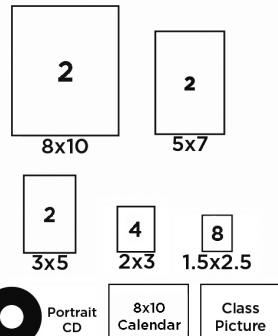
**FREE** digital image with online purchase when you join **MyFamily Rewards™** program.



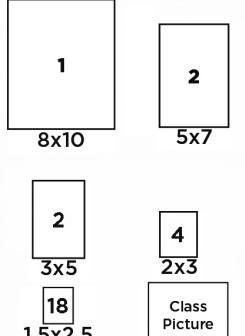
*GRATIS la imagen digital con la compra por internet cuando te unes al programa Premios miFamilia.™*

**PACKAGES** *PAQUETES*

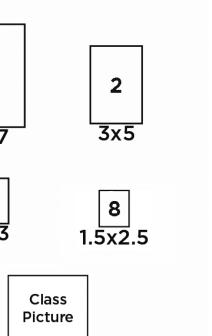
**A. Ultimate** **\$28.00**



**B. Premium** **\$22.00**



**C. Deluxe** **\$18.00**



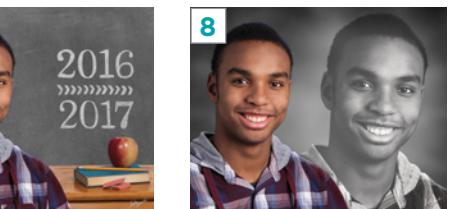
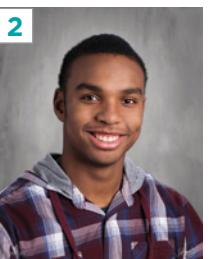
**D. Value** **\$12.25**  
1 - 5x7      2 - 3x5      4 - 2x3  
9 - 1.5x2.5      Class Picture

**E. Basic** **\$10.00**  
1 - 3x5      4 - 2x3      4 - 1.5x2.5  
Class Picture

**F. Entry** **\$7.25**  
2 - 2x3      4 - 1.5x2.5      Class Picture

Customize your portrait package at **mylifetouch.com**  
*Personaliza tu paquete del retrato en mylifetouch.com*

**PORTRAIT LOOKS** (POSE + BACKGROUND) *ESTILOS DE RETRATO (POSE + FONDO)*



**LOOK CODE**

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*Más opciones en mylifetouch.com*

**NOTE:** Background for your yearbook is selected by your school. *Nota: El fondo para tu anuario es seleccionado por tu escuela.*

Questions? 507-412-4330

**SPECIAL OFFERS** *OFERTAS ESPECIALES*

**SAVE UP TO 25%**  
*AHORRA HASTA EL 25%*

**Upgrade Special** *Especial de actualización* **\$11.00**

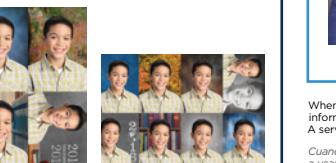
**Name & Grade On All Portraits** *Con el nombre y el grado*  
Todos los retratos

**Combo Special** *Especial de conjunto* **\$13.00**

**Name & Grade On All Portraits** *Con el nombre y el grado*  
Todos los retratos

**Variety Special \$15.00**

*Especial de variedad*  
Variety 4 - 3x5 & Variety 8 - 2x3  
Surtido de 4 - 3x5 Surtido de 8 - 2x3



**ENHANCEMENTS** *MEJORAS*



**Name & Grade On** *Con el nombre y el grado*

**All Portraits** *Todos los retratos* **\$8.00**

— OR —

**Wallets (2x3)** *Fotos para la billetera (2x3)* **\$5.00**

When you pay by check, you authorize us to process the payment as a check transaction, or to use information from your check to make a one-time electronic fund transfer from your checking account. A service fee may be charged on returned checks. Post dated checks are not accepted.

Cuando pagas con cheque, nos autorizas a procesar el pago como una transacción mediante cheque o a usar la información de tu cheque para realizar una transferencia electrónica de fondos desde tu cuenta de cheques por única vez. Por cheques rechazados se podrá aplicar un cargo. No se aceptan cheques de pago diferido.

Order at **mylifetouch.com**

No need to return this form for online orders—see you at Picture Day!

*Encarga en mylifetouch.com. No es necesario enviar este formulario para los pedidos por internet. ¡Te veré en el día de la foto!*

Picture Day ID: KA016205Q0



If you did not order online, please fill this form out completely, enclose EXACT payment, and return to school on Picture Day. Enclose cash, money order or check payable to Lifetouch. Photographer won't make change. Si no hiciste el pedido por internet, llena completamente este formulario, incluye el pago EXACTO y envíalo a la escuela el Día de la Foto. Incluye dinero en efectivo, giro postal o cheque a la orden de Lifetouch. El fotógrafo no entregará cambio.

Student First & Last Name *Nombre y apellido del estudiante*

Daytime Phone Number *Teléfono de contacto durante el día*

Teacher Last Name *Apellido del docente*

Student Grade *Grado del estudiante*

Parent Email Address *(Provide your email address to receive reminders for Picture Day and future offers.)*  
*Dirección de correo electrónico del padre o de la madre (Proporciona tu dirección de correo electrónico con el fin de recibir recordatorios para la fecha de la foto y futuras ofertas.)*

Qty Cantidad	Price Precio	Total Total	LOOK CODE
<b>A. Ultimate</b>	<b>\$28.00</b>		
<b>B. Premium</b>	<b>\$22.00</b>		
<b>C. Deluxe</b>	<b>\$18.00</b>		
<b>D. Value</b>	<b>\$12.25</b>		
<b>E. Basic</b>	<b>\$10.00</b>		
<b>F. Entry</b>	<b>\$7.25</b>		
<b>G. Upgrade Special Offer</b>	<b>\$11.00</b>		N/A
<b>H. Combo Special Offer</b>	<b>\$13.00</b>		N/A
<b>I. Variety Special Offer</b>	<b>\$15.00</b>		N/A

SAVE AHORRO			
<b>J. (8) 2x3 Wallets</b>		<b>\$10.00</b>	
<b>K. (2) 5x7</b>		<b>\$10.00</b>	
<b>L. (1) 8x10</b>		<b>\$10.00</b>	
<b>M. (4) 3x5</b>		<b>\$10.00</b>	
<b>N. CD High and Low Resolution</b>		<b>\$12.00</b>	
<b>O. (4) Variety 3x5</b>		<b>\$10.00</b>	N/A
<b>P. (8) Variety 2x3</b>		<b>\$10.00</b>	N/A
<b>Q. Class Picture</b>		<b>\$10.00</b>	N/A

<b>Premium Retouching</b>	<i>Basic plus whitens teeth and evens skin tone</i>	<b>\$12.00</b>	
<b>Basic Retouching</b>	<i>Removes blemishes</i>	<b>\$6.00</b>	
<b>Name &amp; Grade On All Portraits</b>		<b>\$8.00</b>	
<b>Name &amp; Grade On Wallets</b>		<b>\$5.00</b>	
<b>SUBTOTAL</b>	<i>Subtotal</i>		
			<b>7.875%</b>
			<b>Add 7.875% sales tax.</b>
			<b>7.875%</b>
<b>TOTAL</b>	<i>Total</i>		

**\*Name & Grade On**  
*Please print name exactly how it should appear on portraits.*  
*Aplicación de nombre y grado. Escribe el nombre en letras de impresión, exactamente igual a como debe aparecer en los retratos.*

**ENHANCEMENTS** *MEJORAS*

**ENHANCEMENTS** *MEJORAS*

Loyola Catholic Schools

KA016205Q0 KA01XP600082 70438

# TRADITIONS THAT BRING LASTING MEMORIES

TRADICIONES QUE BRINDAN RECUERDOS PERDURABLES

## PICTURE DAY IS COMING!

Customize each sheet of your package with  
different Portrait Looks at  
**mylifetouch.com**



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Personaliza cada hoja de tu paquete con diferentes estilos de retrato en [MYLIFETOUCH.COM](http://MYLIFETOUCH.COM)

**SATISFACTION GUARANTEED** We'll retake your portrait or return for a full refund.

SATISFAZION GARANTIZADA Volveremos a tomar tu retrato o devuélvelo para recibir un reembolso por el total.





Dear Parent/Guardian:

Our school provides healthy meals each day.

Your children may qualify for free or reduced-price school meals. To apply, complete the enclosed Application for Educational Benefits following the instructions. A new application must be submitted each year. At public schools, your application also helps the school qualify for education funds and discounts.

State funds help to pay for reduced-price school meals, so all students who are approved for either free or reduced-price school meals will receive school meals at no charge.

Return your completed Application for Educational Benefits to:

Loyola Catholic School  
145 Good Counsel Drive  
Mankato MN 56001

**Who can get free school meals?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get free school meals without reporting household income. Or children can get free school meals if their household income is within the maximum income shown for their household size on the instructions.

**I get WIC or Medical Assistance. Can my children get free school meals?** Children in households participating in WIC or Medical Assistance may be eligible for free school meals. Please fill out an application.

**Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for your children to qualify for free or reduced-price school meals.

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes.

**Will the information I give be checked?** Yes, and we may also ask you to send written proof.

**How will the information be kept?** Information you provide on the form, and your child's approval for school meal benefits, will be protected as private data. For more information see the back page of the Application for Educational Benefits.

**If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

Please provide the information requested about children's racial identity and ethnicity, which helps to make sure we are fully serving our community. This information is not required for approval of school meal benefits.

If you have other questions or need help, call

Sincerely,

*Jana Larson, Food Service Director*

## How to Complete the Application for Educational Benefits

Complete the *Application for Educational Benefits* form for school year 2016-17 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR). or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child). or
- The total income of household members is within the guidelines shown below (gross earnings before deductions, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2016 through June 30, 2017.

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

### Step 1 Children

List all infants and children in the household, their birthdate and, if applicable, their grade and school. Attach an additional page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child). Please provide the requested information on ethnicity and race for each child. This information is not required and does not affect approval for school meal benefits. The information helps to make sure we are meeting civil rights requirements and fully serving our community.

**Step 2 Case Number** Circle Yes or No to show whether any household member currently participates in any of the three assistance programs listed in Step 2. If you answer Yes, write in the case number and go to Step 4 (skip Step 3). If you answer No, continue on to Step 3. WIC and Medical Assistance (M.A.) do not qualify for this purpose.

### Step 3 Adults / Incomes / Last 4 Digits of Social Security Number

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

**Step 4 Signature and Contact Information** An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Application for Educational Benefits – School Year 2016-17  
School Meals • State and Federally Funded Programs

**Step 1** List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	School	Grade	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	Optional - Racial Identity * Fill in one or more circles for each child.				
							American Indian	Asian	African American	Pacific Islander	White
						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* The full names of the racial categories are: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander and White.

**Step 2** Do any Household Members, including yourself, currently participate in any of the following assistance programs: SNAP, MFIP or FDPIR? Circle one: Yes No  
Medical Assistance and WIC do not qualify. If No > Go to STEP 3. If Yes > Write in the CASE NUMBER  here: then go to STEP 4.

**Step 3** A. List ALL Adult Household Members including yourself and report all incomes. (Skip STEP 3 if you answered "yes" to STEP 2 or if all participants are foster children.)

Adults - Full Name For the purpose of school meal benefits, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related."	Gross Pay from Work Do not write in an hourly wage.					Farm or Self-Employment Net Income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony					All Other Incomes				
	Gross pay before deductions (not take-home pay).	Weekly	Bi-Weekly	2x Month	Monthly		Payments received.	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Last four digits of signer's Social Security Number (SSN) or no SSN (required): C. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?

XXX-XX

– or  I don't have a Social regular incomes of children, i

\$	Weekly <input type="radio"/>	Bi-Weekly <input type="radio"/>	2x Month <input type="radio"/>	Monthly <input type="radio"/>
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**Step 4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal and state funds and that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted under applicable federal and state laws. The information I provide may be shared with Minnesota Health Care Programs as allowed by state law, unless I have checked this box:   
Do not share my information with Minnesota Health Care Programs.

Signature of Adult Household Member (required)  Print Name:  Date:

Address:  City:  Zip:  Home Phone:  Work Phone:

**Office Use Only** Total Household Size:  Total Income: \$  per  Approved:  Case Number – Free  Foster – Free  Income – Free  
 Income – Reduced-Price Denied:  Incomplete  Income Too High Signature of Determining Official:  Date:

### **Is this form required?**

This form must be completed to apply for free or reduced-price school meals, unless:

- (1) Your school provides free school meals to all students without applications from households (*Community Eligibility Provision, Provision 2 or Provision 3*) or
- (2) You were notified that your children have been directly certified for school meal benefits based on foster care status or participation in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR).

### **Privacy Act Statement / How Information Is Used**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information, but if you do not we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide an MFIP, SNAP or FDPIR assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information that you provide on this form. We will use your information to determine if your child qualifies for free school meals, and for administration and enforcement of the school meal programs. We *may* share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to the Minnesota Department of Education (MDE) as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Information provided on this form may be shared with Minnesota Health Care Programs, unless the person completing this form has checked the box in Step 4 to not share information for that purpose.

### **Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA *Program Discrimination Complaint Form* (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or (2) fax to (202) 690-7442; or (3) email to [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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### **Office Use Only: Verification**

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_

Result:  No Change  Free to Reduced-Price  Free to Paid  Reduced-Price to Free  Reduced-Price to Paid

Reason for Change:  Income  Case number not verified  Foster not verified  Refused Cooperation  Other: \_\_\_\_\_

Signature of Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_



Dear parent/guardian,

Each year that your student is enrolled at Loyola Catholic School we need to have a special diet statement. This does not have to be filled out by your doctor each year, it is just a signed statement by the parent or guardian that the food allergy still exists. Enclosed is a form you need to fill out, sign, date and return to me for my files. If I do not have a doctor's form signed on file, you will need to get that also. The State of Minnesota Department of Health requires this form. If you have any questions please call me at 388-0612 or email me:  
[jlarson@loyolacatholicschool.org](mailto:jlarson@loyolacatholicschool.org)

Thank you,

Jana Larson  
Food Service Manager  
388-0612  
[jlarson@loyolacatholicschool.org](mailto:jlarson@loyolacatholicschool.org)

## **Special Diet Statement For a Participant *Without* a Disability**

This Special Diet Statement is ONLY for a participant *without* a disability who is medically certified as having a special dietary need. Requests for a special diet must be:

- Supported by a Special Diet Statement that is thoroughly completed and signed by a recognized medical authority (licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor).
- Submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.

### **Part 1: Participant Information**

Parent or guardian must complete. Please print.

---

Participant's Name: Last/First/Middle Initial

Today's Date

---

Name of School/Center/Site Attended

Date of Birth

---

Parent/Guardian Name

Home Phone Number

Work Phone Number

---

Parent/Guardian Address

City

State Zip Code

#### **Meals or snacks to be eaten at school/center/site: (check all that apply)**

<b>School:</b>	<b>Center/Child Care/Adult Care Center:</b>	<b>Site—Summer Food Service Program:</b>
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch
<input type="checkbox"/> Afterschool Care Program	<input type="checkbox"/> Supper	<input type="checkbox"/> Supper
	<input type="checkbox"/> Snack (am/pm/eve)	<input type="checkbox"/> Snack
	<input type="checkbox"/> Afterschool Meal	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR Participant's Signature (Adult Day Care)

**Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the Voluntary Authorization section at the end of this form.**

### **Part 2: Participant Status**

Recognized medical authority must complete. Please print.

**Participant does *not* have a disability but is requesting a special meal or dietary accommodation.**

Describe and/or select the medical or special dietary condition which restricts the participant's diet:

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Lactose Intolerance:  No milk to drink [Schools: participant must be offered lactose-reduced or lactose free milk as required by state law (Minnesota Statutes section 124D.114) when supported by a written request from the parent/guardian.]

Food Intolerance: Food(s) allergic to: \_\_\_\_\_

The participant's allergy to the food(s) stated above does not result in a life threatening (anaphylactic) reaction. **Please Note:** a food allergy is considered to be a disability when it results in a life-threatening (anaphylactic) reaction.

The school/center/site cannot guarantee that the facility or dining area will be allergen free.

Part 3: Dietary Accommodation

Foods to be omitted and foods to be substituted/Other instructions.

Recognized medical authority must complete. Please print.

**Foods to be omitted and substitutions:** List specific foods to be omitted **and** foods to be substituted. You May attach a sheet with additional information.

Foods to be Omitted	Foods to be Substituted

**Texture Modification:**  Pureed  Ground  Bite-Sized Pieces  Other (specify): \_\_\_\_\_

**Other Dietary Modification OR Additional Instructions** (describe). Attach specific diet order instructions:

**Infant Feeding Instructions:**

In place of breast milk or iron-fortified infant formula, infant (age 8-12 months) is approved to be served:

whole milk  low fat (one percent) milk  reduced fat (two percent) milk  nonfat (skim) milk

Infant to be served Non-Iron Fortified Infant Formula (infant under 12 months)

Infant to be served Non-Iron Fortified Infant Cereal (infant ages 4 months to first birthday)

Infant to be served:  Nutramigen  Pregestimil  Alimentum  Other Special Formula \_\_\_\_\_

Infant to be served a different dilution of formula: \_\_\_\_\_ (Kcal/ounce)

Additional Instructions: \_\_\_\_\_

Signature of Recognized Medical Authority

**Recognized medical authority must sign and retain a copy of this document.**

Recognized Medical Authority Name/Credentials (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic/Hospital Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Nondiscrimination statement: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, [complete the USDA Program Discrimination Complaint Form](#), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

## **Special Diet Statement Guidance (For a Recognized Medical Authority)**

### **Definition of “Disability”**

The provisions requiring substitutions or modifications for persons with disabilities respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the regulations that implement that law (7 CFR 15b) which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subjected to discrimination, under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore, substitutions to the meal pattern, or modifications to a food item, are required for those participants with disabilities who are unable to consume the regular program meals.

### **Definition of “handicapped person” from 7 Code of Federal Regulations 15b.3:**

The definition of “handicapped person” is provided in 7 CFR 15b.3(i):

(i) *“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.*

The parts of the definition of “handicapped person” shown in bold print are further defined in 7 CFR 15b.3(j) through 15b.3(m).

(j) *“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis, cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.*

(k) *“Major life activities” means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*

(l) *“Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.*

(m) *“Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment; or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.*

### **Food Allergies and Intolerances**

Generally, a participant with a food allergy(ies) OR a food intolerance(s) is not considered to be a person with a disability. However, when in the physician's assessment, the allergy to the food could result in a life-threatening reaction (anaphylactic reaction), the participant is considered to have a disability and substitutions prescribed by the physician must be provided. Requests for food substitutions due to a food allergy (non-life threatening) or due to a food intolerance will be

evaluated by a school/center/site on a case-by-case basis. A school/center/site is encouraged to accommodate reasonable requests for food substitutions but is not required to do so.

### **Participant *Without* a Disability**

Substitutions may be made for a participant who is unable to consume a food item because of a medical or other special dietary need but who does not meet the definition of a "handicapped person" in 7 CFR 15b. Sponsors are encouraged, **but not required**, to provide food substitutions or modifications for a participant without a disability. However, substitutions may be made on a case-by-case basis when supported by a statement signed by a licensed physician or recognized medical authority. In Minnesota, a recognized medical authority includes a: licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist and chiropractor.

Participants who are overweight or have elevated blood cholesterol generally are not considered to have a disability and sponsoring authorities are not required to make substitutions for them.

In most cases, the special dietary needs of a person who does not have a disability may be managed within the normal program meal service when a variety of nutritious foods are made available and the "offer versus serve" provision (if applicable) is utilized to maximize a participant's choices. Whenever a food substitution(s) can be provided within the framework of the regular meal pattern, a Special Diet Statement is not needed.

### **Special Diet Statement (for a participant *without* a disability)**

The Special Diet Statement for a participant *without* a disability must include:

1. An identification of the medical or other special dietary need which restricts the participant's diet.
2. The food or foods to be omitted from the participant's diet, and the food or choice of foods that may be substituted.

The statement does not have to be renewed each year as long as there are no changes.

### **State Law on Lactose Intolerance (for School Nutrition Programs)**

The responsibility of a school food authority to provide substitutions for any child with lactose intolerance is specified in state law (Minnesota Statutes section 124D.114). Under this law, a school district or nonpublic school that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent/guardian shall make available:

- Lactose-reduced or lactose-free milk; or,
- Milk fortified with lactase in liquid, tablet, granular or other form; or,
- Milk to which *lactobacillus acidophilus* has been added.

The school is **not allowed** to substitute juice (fruit or vegetable) or any soy- or rice-based beverage that is not nutritionally equivalent to cow's milk for a participant who is lactose intolerant.

**Fluid Milk Substitution (pertains only to the National School Lunch Program, School Breakfast Program, Special Milk Program and the Minnesota Kindergarten Milk Program)**

Requests for a fluid milk substitute (a product that is nutritionally equivalent to cow's milk) may be made by a parent/guardian or a recognized medical authority. According to U.S. Department of Agriculture (USDA) regulations, the only beverage that may be substituted for milk for a participant *without* a disability is a "milk substitute that is nutritionally equivalent to cow's milk" as defined in the USDA regulations. Juice, for example, does not meet the standard of being nutritionally equivalent to cow's milk and therefore cannot be substituted for milk even when a request is submitted on a participant's behalf by a recognized medical authority.

**Fluid Milk Substitution (pertains only to the Child and Adult Care Food Program)**

Requests for a fluid milk substitute (a product that is nutritionally equivalent to cow's milk) may be made by a parent/guardian or a recognized medical authority. A center may choose to or not to accommodate the request.

**Cooperation (as stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation)**

When implementing these guidelines, food service personnel should work closely with parents, other responsible family members, and with all other school, child care, medical and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs to ensure that reasonable accommodations are made to allow participation in the meal service.

# August, 2016

- Salad bar served daily for middle and high school unless designated otherwise. Dessert served every Wednesday for all students.
  - 1 cup serving of low fat or Fat Free (unflavored or flavored) milk is served with each meal.
  - Sun butter & jelly sandwiches are offered in place of main entrée.
- Fresh Fruit & vegetables are offered daily. There is no charge for 2<sup>nd</sup> on fruits and vegetables

Check out Loyola Web page for more food service information or call 388-0612.

This institution is prohibited from discrimination base on race, color, sex, age or disability. Menus subject to change due to availability.

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
<u>"Welcome Back"</u> Baked Macaroni and Cheese Seasoned Green Beans Wheat Bread/Butter Fruit Choice	22 Chicken Wrap Seasoned Potato Wedges Italian Vegetables Fruit Choice Ranch/Butter	23 Hamburger on a Bun (Fixings) Romaine Tossed Salad Baked Beans Fruit Choice Dessert Ketchup/Mustard	24 Taco Bar with Fixings Black & Refried Beans Fresh Vegetables/ Dip Fruit Choice	25 Chicken Vegetable Stir Fry with carrots & red peppers Seasoned Rice Egg Roll Wonton Fruit Choice
Hotdog on a Bun (Fixings) Curly Fries Raw Carrots and Pepper strips Romaine Tossed Salad Fruit Choice Ketchup/Mustard	29 Chicken Alfredo Casserole With Parmesan Cheese Broccoli Baked Bread Stick Fruit Choice	30 Breakfast for Lunch Sausage Links Hashbrowns 100% Fruit Juice Fruit Choice Dessert Ketchup/Syrup	31 Roast Beef Mashed Potatoes Gravy Baby Carrots Dinner Roll/Butter Fruit Choice Ketchup/Mustard	1 2 Boneless Chicken Wings Sugar Snap Peas Black Bean & Corn Salsa Corn Chips Fruit Choice BBQ/Ranch/Ketchup/ Honey Mustard

# September, 2016

Monday	Tuesday	Wednesday	Thursday	Friday
<p>Salad bar served daily for middle and high school unless otherwise designated. Sun butter &amp; jelly sandwiches are offered in place of main entrée. Fresh Fruit &amp; vegetables are offered daily. There is no charge for 2<sup>nd</sup> on fruits and vegetables. Dessert served every Wednesday for all students. 1 cup serving of low fat or Fat Free (unflavored or flavored) milk is served with each meal.</p>	<p>Check out Loyola Web page for more food service information or call 388- 0612. This institution is prohibited from discrimination on base of race, color, sex, age or disability. Menus subject to change due to availability</p>		<p>Roast Beef Mashed Potatoes Gravy Baby Carrots Dinner Roll/Butter Fruit Choice Ketchup/Mustard</p>	<p>1</p> <p>Boneless Chicken Wings Sugar Snap Peas Black Bean &amp; Corn Salsa Corn Chips Fruit Choice BBQ/Ranch/Ketchup/ Honey Mustard</p>
NO SCHOOL	<p>5</p> <p>Sloppy Joe on a Bun Potato Salad Baked Beans Fruit Choice Ketchup/Mustard/BBQ</p>	<p>6</p> <p>Tator Tot Casserole Green Beans Whole Grain Bread/Butter Fruit Choice Dessert</p>	<p>7</p> <p>Pizza Parmesan Bread Stick Romaine Tossed Salad Fruit Choice</p>	<p>8</p> <p><u>Hill Wide Picnic</u> 9 Hamburger/ Bun (Fixings) Potato Chips Raw Vegetables Fresh Fruit Ice Cream</p>
<p>Layered Taco Casserole With Fixings Spanish Rice Raw Vegetables with Dip Fruit Choice Sour Cream/Salsa</p>	<p>12</p> <p>Sub Sandwich (Fixings) Baked Chips Baked Beans Spinach Salad Fruit Choice Mayo/Mustard/Butter</p>	<p>13</p> <p>Meatloaf Baked Potato Peas &amp; Carrots Whole Grain Bread/Butter Fruit Choice Dessert Ketchup/Mustard</p>	<p>14</p> <p>Baked Lasagna Roll-up Bread Stick Romaine Tossed Salad Fruit Choice</p>	<p>15</p> <p>Baked Sliced Ham Sweet Potato Crunch Green Beans Dinner Roll/Butter Fruit Choice</p>
<p>19</p> <p>Chicken Breast/ Bun (Fixings) Green Peas Romaine Tossed Salad Fruit Choice Ketchup/BBQ/Mustard</p>	<p><u>2 Hr Late Start</u></p> <p>20</p> <p>Super Nachos with Fixings Refried and Black Beans Raw Vegetables Fruit Choice Sour Cream/Salsa</p>	<p>21</p> <p>Tomato Soup/Crackers Grilled Cheese Sandwich Fresh Veg/Humus Dip Fruit Choice Dessert</p>	<p>22</p> <p>Baked Pork Patty Mashed Potatoes Gravy Green Beans Dinner Roll/Butter Fruit Choice</p>	<p>23</p> <p>Chicken Parmesan Over Spaghetti Noodles with Marinara Sauce Broccoli Bread Stick Fruit Choice</p>
<p>26</p> <p>Roast Turkey Mashed Potatoes &amp; Gravy Glazed Carrots Whole Grain Bread/Butter Fruit Choice</p>	<p>27</p> <p>Spaghetti with Meatsauce Romaine Tossed Salad Bread Stick Mixed Vegetables Fruit Choice</p>	<p>28</p> <p>Chicken Rice Casserole Green Beans Dinner Roll/Butter Fruit Choice Dessert</p>	<p>29</p> <p>Pulled Pork on Bun Sweet Potato Tots Fresh Vegetables/ Dip Fruit Choice Ketchup/Mustard</p>	<p>30</p> <p>Homemade Chili/Crackers with Grated Cheese Spinach Salad with berries Whole Grain Muffin Fruit Choice</p>

1. Before or after your first *Protecting God's Children* session (but not both), you will need to register online with the VIRTUS Program. This is required of all participants. If you do not have Internet access and cannot temporarily gain Internet access via school, university, library, work, home or other means, please register with your Facilitator or your coordinator.

Go to <http://www.virtus.org>

On the left-hand side of the page, click the yellow link labeled "Registration."

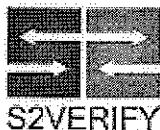
2. Choose the name of your organization from the pull-down menu by clicking the downward arrow and highlighting your organization. Once your organization is selected, click "Select."
3. Create a user ID and a password you can easily remember. This is necessary for all participants. This establishes your account within your Diocese and the VIRTUS Program. If your preferred user ID is already taken, please choose another user ID. We recommend the use of your email address as the user ID. Click "Continue" to proceed.
4. Provide the information requested on the following page. Several fields are required, such as name, address, phone number and email address. Click "Continue" to proceed.
  - If you do not have an email address, consider obtaining a free email account at [gmail.com](mailto:gmail.com), or any other free service. This is necessary for your VIRTUS Coordinator to communicate with you. If you cannot obtain an email address, enter: [noaddress@virtus.org](mailto:noaddress@virtus.org). This will notify your VIRTUS Coordinator that you do not have an email address.
  - If you do not have personal Internet access, and you are not able to obtain temporary Internet access, complete the registration process and contact your coordinator. Other options are available for your continued training.
5. Select the PRIMARY location where you work, volunteer or worship. You will be able to select additional locations later if you serve at multiple locations within your organization. Click "Continue" to proceed.
6. Your current list of locations is displayed. If you need to add an additional location, choose YES. Otherwise, choose NO.
7. Select the role(s) that you serve within your organization. Please check all roles that apply. Additionally, if you have a title within your diocese, enter it in the box, i.e., Teacher, DRE, Catechist, etc. If you do not have a title, please briefly describe what you do for the diocese. Click "Continue" to proceed.

8. Answer three YES/NO questions and then click “Continue”.
9. If you have already attended a *Protecting God’s Children* Session, click YES, otherwise click NO.
10. If you chose NO during the previous step, you will be presented with a list of all upcoming sessions within your organization. When you find the session you would like to attend, click the circle next to the title.

If you chose YES during the previous step, skip this step.

11. If you chose YES, you will be presented with a list of all sessions that have been held within your organization. Choose the session you attended by clicking the downward arrow and highlighting the session, and then click “Complete Registration”.
12. You will see a message on your screen confirming that you have completed the registration process. If you correctly entered your email address during the process, you will receive an email confirming your information. Additionally, your coordinator may contact you via email with information regarding your continuing training status.

If you have additional questions about the registration process, please contact your session’s facilitator, your coordinator, or the VIRTUS Help Desk at 1-888-847-8870.



## Applicant Disclosure and Authorization Statement

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with the Diocese of Winona and any subsidiary, you may have information requested about you from a consumer reporting agency in connection with your application for employment purposes. This information may be obtained in the form of background reports and/or investigative reports. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by the Diocese of Winona, throughout your employment if permissible under applicable the Diocese of Winona policy and/or state law.

These reports may contain information about your character, general reputation and/or mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer reports and/or investigative reports, you will have the option to receive a copy of the report from S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (770)649-8282 or by email at [compliance@s2verify.com](mailto:compliance@s2verify.com).

A summary of your rights under the Fair Credit Reporting Act and other applicable state laws can be found at: <http://www.S2Verify.com/resources.html> or at the hiring site.

### Additional State Law Notices

**California, Oklahoma and Minnesota:** You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation below. **California Law:** Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information.

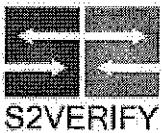
**Maine:** You have the right, upon request, to be informed of whether an investigative background report was requested, and if one was requested, the name and address of the background reporting agency furnishing the report. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**Massachusetts:** If we request an investigative background report, you have the right, upon written request, to a copy of the report.

**New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.**

By signing the Authorization below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

**Washington State:** If the Diocese of Winona requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Diocese of Winona a complete and accurate disclosure of the nature and scope of the investigation requested by the Diocese of Winona. I further understand that the Diocese of Winona will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.



### Authorization of Background Investigation

I have carefully read, and understand, this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at (<http://www.S2Verify.com/resources.html>) or the office copy provided at the hiring site. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a background reporting agency, such as S2Verify, Inc., to the Diocese of Winona and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I understand that if the Diocese of Winona hires me, my consent will apply, and the Diocese of Winona may obtain background reports throughout my employment if permissible under applicable the Diocese of Winona.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the background reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, the Diocese of Winona.

#### California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

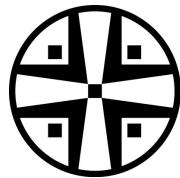
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



LOYOLA  
CATHOLIC  
SCHOOL

**145 Good Counsel Drive • Mankato MN 56001**  
**Clubhouse After-School Childcare Program**  
**Grades PS/PK-5**

**OVERVIEW**

Clubhouse, in association with Loyola Catholic School, is an after-school childcare program for students in preschool and grades K-5 which promotes development of social and personal skills in a supportive, structured Christian environment that emphasizes cooperation rather than competition.

**HOURS**

Clubhouse begins immediately following the school day and is in session until 6:00PM on school days only. Clubhouse starts on the first full day of school and ends on the last full day of school.

**LOCATION**

Loyola Catholic School, Upper Campus, 145 Good Counsel Drive, Mankato.

**DAILY SCHEDULE**

Immediately following school dismissal, children are escorted to Clubhouse by the Clubhouse Director or Aide. Clubhouse activities include after school snack and attendance, structured open play (large motor skills and social skill development), arts & crafts (small motor skill development) and study time.

**REGISTRATION**

Registration forms are available at the LCS Upper Campus office and are accepted on a first-come, first-serve basis. Children who cannot enroll due to limited space will be placed on a waiting list. Please return your completed form to the LCS Upper Campus office.

***A 2-week notice must be given to discontinue Clubhouse services.***

**FEES AND PAYMENT**

Parents contract hours at registration. Fees are paid monthly, on the first of each month. Sorry, we do not offer hourly rates. The Clubhouse billing clock begins at 3:00PM.

- **Part time Minimum:** \$ 80.00/ month. Additional children: \$ 50.00/ month.  
Up to 5 hours per week, specific days of the week must be contracted.
- **Part time Advantage:** \$ 115.00/ month. Additional children: \$ 60.00/month.  
Between 5-9 hours per week, days may vary week to week.
- **Full time contract:** \$ 180.00/month. Additional children \$ 75.00/month.  
Between 9-15 hours per week.

***Please Note: Families going over their contracted part-time weekly hours will be billed an additional fee of \$ 25.00 for each week over the contracted time.***

**LATE PICK UP FEE**

Out of respect for our staff, please pick up your child(ren) **no later than 6:00PM**. Families picking up children after 6:00PM will be charged \$15.00 for every 15 minutes past 6:00PM up to 30 minutes. After 30 minutes, families are charged \$20.00 per 15 minutes.

**PAYMENT**

Payments will be withdrawn from you Smart Tuition Payment Plan.

**ABSENCES AND REFUNDS**

Sorry, we do not offer credit for absences due to illness, social plans, vacation, or school closings.

**PICKING UP YOUR CHILD**

Your child's safety and well-being are extremely important to us. If someone other than a designated parent or guardian is to pick up your child, you must send a signed note indicating such to the Clubhouse Director. If you do not provide written permission, your child will remain at Clubhouse until an authorized person is contacted and picks up your child. Late fees will apply.

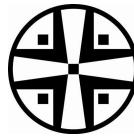
**CLOSINGS**

When school is dismissed early and/or all after-school activities are cancelled due to weather or other unforeseen circumstances **Clubhouse will not be in session.**

**HOLIDAYS**

Clubhouse is not in session on non-school days and during school holiday vacations.

Thank you for participating in Clubhouse.



LOYOLA  
CATHOLIC  
SCHOOL

**Clubhouse After-School Childcare Program  
Registration Form**

Child's Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Gender M  F  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ (2016-17)

Child's Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Gender M  F  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ (2016-17)

Child's Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Gender M  F  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ (2016-17)

Does your child have any medical conditions that Clubhouse staff needs to be aware of?  
Please explain.

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Please list specific days and times your child(ren) will attend Clubhouse:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Total Hours \_\_\_\_\_

Based on your total hours please indicate whether your child(ren) is/are:

Part time minimum (0-5 hours)  Part time Advantage (5-9 hours)

Full-time (9-18 hours)

---

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Please provide two emergency contacts other than parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT**

I have read and agree to Clubhouse policies. I understand that Clubhouse reserves the right to make decisions about registration and participation in activities and programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**LOYOLA CATHOLIC SCHOOL**  
**2016-2017**  
**STUDENT MACBOOK USER AGREEMENT AND PARENT RESPONSIBILITY FORM**  
**GRADES 7-12**

We are pleased to offer your child access to a Loyola Catholic School MacBook. To fully utilize the MacBook and resources associated with it, all students and their parent(s) must sign and return this form.

**Both sides of form must be signed and returned to receive a laptop the first day of school.**

By signing the form, you agree to:

- Review with your child the "Student MacBook Guidelines" document found in the Loyola Catholic School Family-Student Handbook.
- Maintain proper care of the equipment.
- Charge the battery nightly.
- Encourage your child to complete his or her homework.
- Discourage others from using the MacBook.
- Refrain from installing additional applications or changing system preferences on the computer.
- Have read and agreed to the Appropriate Use Policy for Loyola Catholic School as stated in the Family-Student Handbook.
- Pay Loyola Catholic School the cost incurred in the event of loss, theft, or breakage.

**Student MacBook User Agreement**

As a user of the MacBook, I hereby agree to comply with the statements and expectations outlined in this document.

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Permission and Agreement**

I understand that my child is being given the privilege of using a MacBook for educational purposes. I agree to the statements and expectations outlined in this document.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AGREEMENT TO TERMS OF LOYOLA CATHOLIC SCHOOL  
FAMILY-STUDENT HANDBOOK**

**2016-2017**

We have read and agree to the terms and policies as stated in the 2016-2017 Loyola Catholic School Family-Student Handbook.

Student

---

Printed Name

---

Signature

---

Date

Parent

---

Printed Name

---

Signature

---

Date

**Right to Amend**

*The Administration reserves the right to amend this handbook and/or the MacBook user agreement for just cause. Parents will be given proper notification if changes are made.*



# MSHSL ELIGIBILITY BROCHURE

**Students:** Your participation in high school activities is dependent on your eligibility. PROTECT that eligibility by reviewing with your parent(s)/guardian(s) this summary of Minnesota State High School League rules which govern your participation. Complete regulations are found in the MSHSL Official Handbook which is available at each member high school and which is also posted on the MSHSL Web site: [www.mshsl.org](http://www.mshsl.org). Please keep this brochure for reference, and if there is a question about any rule interpretation, **CONTACT YOUR SCHOOL PRINCIPAL OR ATHLETIC/ACTIVITIES DIRECTOR.**

I understand I must sign the current eligibility statement prior to participation each school year.

I understand that once I sign the eligibility statement all eligibility rules apply:

- Twelve (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.

**Parents/Guardians:** REVIEW the following rules with your son or daughter. Your role in stressing the value of following these rules cannot be overstated.

**General Student Eligibility Checklist (must be completed by all students)** (If you cannot check all 8 items, see your athletic/activities director or principal)

- \_\_\_\_ 1. Making academic progress toward graduation.
- \_\_\_\_ 2. Will not have turned 20 before the start of the season in which I participate.
- \_\_\_\_ 3. Have not dropped out of school or repeated a grade while in high school.
- \_\_\_\_ 4. Have not and will not use or possess tobacco or alcoholic beverages, use, consume, have in posession, buy, sell or give away any other controlled substance, including steroids, or drug paraphenalia.
- \_\_\_\_ 5. Have not and will not violate the racial/religious/sexual harassment/violence/and hazing bylaws of the MSHSL.
- \_\_\_\_ 6. I agree to fully cooperate in any investigation honestly and truthfully.
- \_\_\_\_ 7. Regardless of my age I agree to follow all of the MSHSL Byalws in order to be eligible to represent my school in League-sponsored activities.
- \_\_\_\_ 8. **Both the student and parent have reviewed the concussion management information contained in the Eligibility Brochure and found on the following website:** [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

**Athletic Eligibility Checklist (must be completed by all athletes)** (If you cannot check all 5 items, see your athletic/activities director or principal)

- \_\_\_\_ 1. Physical exam within the last three (3) years on file with the school.
- \_\_\_\_ 2. Have not transferred schools.
- \_\_\_\_ 3. Will not participate in more than six (6) seasons in any sport in grades 7-12.
- \_\_\_\_ 4. Have not accepted cash in any amount or merchandise valued at more than \$100 for participating in a sport.
- \_\_\_\_ 5. Have not and will not compete in non-school events in my sport after reporting for the school team.

**INFORMED CONSENT:** By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Hepatitis B, herpes 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.

## GENERAL BYLAW REVIEW

All MSHSL eligibility determinations are based on bylaws found in the most current official handbook or online at [mshsl.org/handbook](http://mshsl.org/handbook)

1. **\*ACADEMIC** — (Credit Requirement) To be eligible, a student must be making satisfactory progress toward the school's requirement for graduation.
2. **\*AGE** — A student who turns 20 during the 11<sup>th</sup> or 12<sup>th</sup> semester since first entering the 7<sup>th</sup> grade shall be allowed to participate through the completion of the 12<sup>th</sup> semester. Adapted athletes are eligible to participate until their 22<sup>nd</sup> birthday, provided they meet all other eligibility requirements.
3. **AMATEUR STATUS** — A student must be an amateur in that sport. A student may not receive cash or merchandise for athletic participation. A student does not lose her/his amateur status because of reimbursement for officiating, instructing, teaching or coaching a sport. *(Reference Bylaw 201 for further amateur provisions)*
4. **AWARDS** — Acceptable awards to students in recognition of participation in high school activities include medals, ribbons, letters, trophies, plaques and other items of little or no intrinsic value (\$100.00 or less). Violation will render a student ineligible for participation in that activity.
5. **\*ENROLLMENT, ATTENDANCE, AND REQUIRED SUBJECT LOAD** — Students must be fully enrolled in (as defined by the Minnesota Department of Education) and attending the school before they are eligible to represent that school in MSHSL sponsored activities. Students must be properly registered, attending school and classes regularly. Students must be on track to meet the school's graduation requirements in six years (12 consecutive semesters) beginning with the first day of attendance in the 7<sup>th</sup> grade. For transfer eligibility purposes participation in a school program is considered full enrollment at that school.
6. **FOREIGN EXCHANGE STUDENTS** — Approved Foreign Exchange Students are limited to 1 calendar year of high school eligibility beginning with their 1st date of enrollment and attendance. **INTERNATIONAL STUDENTS** — students not participating in a CSIET approved foreign exchange program are eligible only at the B-squad or JV level for one calendar year.
7. **\*GENERAL ELIGIBILITY** — In order to be eligible for regular season and MSHSL tournament competition, a student must be fully enrolled as defined by the Minnesota Department of Education and a bona fide member of his or her high school in good standing. A student who is under penalty of exclusion, expulsion or suspension, whose character or conduct violates the Student Code of Responsibilities and is not in good standing, shall be ineligible for a period of time as determined by the principal.

### ***Student Code of Responsibilities***

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

1. *I will respect the rights and beliefs of others and will treat others with courtesy and consideration.*
2. *I will be fully responsible for my own actions and the consequences*

*of my actions*

3. *I will respect the property of others.*
4. *I will respect and obey the rules of my school and the laws of my community, state and country.*
5. *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 ejected from a contest shall be ineligible for the next regularly scheduled game or meet at that level of competition and all other games or meets in the interim at any level of competition, for the first ejection. All subsequent ejections shall result in ineligibility for four (4) regularly scheduled games or meets.

**8. \*SEASONS OF PARTICIPATION** — No student may participate in more than six (6) seasons in any sport while enrolled in grades 7-12, semesters 1-12 inclusive.

**9. \*SEMESTERS IN HIGH SCHOOL** — A student shall not participate in an interscholastic contest after the student's twelfth semester in grades 7-12 inclusive. All twelve semesters shall be consecutive, beginning in the 7th grade.

**10. JUNIOR HIGH/MIDDLE SCHOOL PARTICIPATION** — Participation in high school interscholastic programs is limited to students in grades 7-12 inclusive. Students in grade 7, 8 and 9 may participate if enrolled in the regular continuation school for the educational unit and if all other eligibility requirements of the League have been met. Elementary students in grades 1-6 are not eligible for participation in any MSHSL-sponsored activity; B-squad, junior varsity or varsity level.

**11. \*GRADUATE** — Students who have graduated from a secondary school, or who have completed the terminal or final grade of a secondary school, or who have earned a GED or diploma are not eligible for participation in any League activity. A student who graduates while a member of a team with a season in progress may complete the season if three or fewer weeks of the regular season, exclusive of League tournament play, remain.

**12. \*MOOD-ALTERING CHEMICALS**

**A. Reference Bylaw 205**

**Twelve (12) months of the year, a student shall not at any time, regardless of the quantity:** (1) **use or consume, have in possession a beverage containing alcohol;** (2) **use or consume, have in possession tobacco; or,** (3) **use or consume, have in possession, buy, sell, or give away any other controlled substance or drug paraphernalia,** (4) **use or consume, have in possession, buy, sell or give away products containing or products used to deliver nicotine, tobacco products and other chemicals.** "Tobacco products" means: any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part or accessory of a tobacco product, (5) **use or consume, have in possession, buy, sell or give away any substance or product where the intent of such use of the substance or product is to induce intoxication, excitement, or stupefaction of the central nervous system, except under the direction and supervision of a medical doctor.** Such substance or products shall include, but are not limited to, synthetic drugs, gasoline, glue, aerosol devices, bath salts, and any substances addressed by Minnesota or Federal law.

1. The bylaw applies continuously from the first signing of the student Eligibility Brochure.
2. It is not a violation for a student to be in possession of a controlled substance specifically prescribed for the student's own use by her/his doctor.

**B. Penalty:**

1. **First Violation:** After confirmation of the first violation, the student shall lose eligibility for the next two (2) consecutive interscholastic contests or two (2) weeks of a season in which the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program.
2. **Second Violation:** After confirmation of the second violation, the student shall lose eligibility for the next six (6) consecutive interscholastic contests in which the student is a participant or three (3) weeks, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program.
3. **Third and Subsequent Violations:** After confirmation of the third or subsequent violations, the student shall lose eligibility for the next twelve (12) consecutive interscholastic contests in which the student is a participant or four (4) weeks, whichever is greater. If after the third or subsequent violations, the student has been assessed to be chemically dependent and the student on her/his own volition becomes a participant in a chemical dependency program or treatment program, then the student may be certified for reinstatement in MSHSL activities after a minimum period of six (6) weeks. Such certification must be issued by the director or a counselor of a chemical dependency treatment center.
4. **Penalties are progressive and consecutive.**
5. **Denial Disqualification:** A student shall be disqualified from all inter-scholastic athletics for nine (9) additional weeks beyond the student's original period of ineligibility when the student denies violation of the rule, is allowed to participate and then is subsequently found guilty of the violation.

**C. Penalties for Category II Activities**

**Definition - Category II Activities:** Those League-sponsored activities in which a member school does not have a schedule of interscholastic contests, exclusive of League-sponsored tournaments.

**Fine Arts Activities**

1. Speech activities including One Act Play when a school schedules no interscholastic contests and participates only in the League-sponsored tournament series.
2. Music Activities.
3. Visual Arts Activities.

Each member school shall develop penalties which it will apply to the participants in these activities. A copy of the member school's policy shall be filed in the principal's office.

**13. \*SEXUAL/RACIAL/RELIGIOUS HARASSMENT / VIOLENCE and HAZING**

**A. Reference Bylaw 209.00:**

A student shall not engage in the sexual, racial, religious harassment, violence or hazing during the school year or any portion of an activity season that occurs prior to the start of the school year or after the close of the school year.

**B. Reporting Procedures:**

1. Any person who believes he or she has been the victim of sexual, racial, religious harassment, violence or hazing or any person with knowledge or belief of conduct, which may constitute hazing, shall report the alleged acts immediately to an appropriate school district official designated by this policy.
2. The building principal is the person responsible for receiving reports of sexual, racial, religious harassment, violence or hazing at the building level. Any person may report hazing directly to a school district human rights officer or to the superintendent.
3. Teachers, administrators, officials, volunteers, and employees of the school district shall be particularly alert to possible situations, circumstances or events which might include sexual, racial, religious harassment, violence or hazing. Any such person who receives a report of, observes, or had other knowledge or belief of conduct, which may constitute sexual, racial, religious harassment, violence or hazing, shall inform the building principal immediately.
4. Submission of a good faith complaint or report of sexual, racial, religious harassment, violence or hazing will not affect

the complainant or reporter's future employment, grades or work assignments.

**C. Reprisal**

The school district will discipline or take appropriate action against any student, teacher, administrator, volunteer, coach, official contractor or employee of the school district who retaliates against any person who makes a good faith report of alleged sexual, racial, religious harassment, violence or hazing or against any person who testifies, assists, or participates in an investigation, or against any person who testifies, assists or participates in a proceeding or hearing relating to such sexual, racial, religious harassment, violence or hazing. Retaliation includes, but is not limited to, any form of intimidation, reprisal or harassment.

**D. Penalties for Category I Activities:**

1. First Violation: the student shall lose eligibility for the next two (2) consecutive interscholastic contests or two (2) weeks, 14 calendar days, of a season in which the student is a participant, whichever is greater. *Recommendations: 1) It is recommended that the school develop a local education program through which the student would receive information about sexual, racial, religious harassment, violence or hazing. 2) It is recommended that, when appropriate, the school refer a student to a community agency or a professional individual outside the school for counseling.*
2. Second Violation: the student shall lose eligibility for the next six (6) consecutive interscholastic contests or three (3) weeks, 21 calendar days, whichever is greater, in which the student is a participant. *Recommendation: It is recommended that before being re-admitted to activities following suspension for the second violation, the student shall show evidence in writing that the student has received counseling from a community agency or professional individual such as a school counselor, medical doctor, psychiatrist, or psychologist.*
3. Third or Subsequent Violations: the student shall lose eligibility for the next twelve (12) consecutive interscholastic contests or four (4) weeks, 28 calendar days, whichever is greater, in which the student is a participant.
4. Penalties are progressive and consecutive.

**E. Penalties for Category II Activities:**

Each member school shall develop penalties that it will apply to

the participants in these activities. A current copy of the member school's policy shall be kept on file in the member school.

**14. SERVING A MSHSL PENALTY** — a student must be a student in good standing, and able to be placed in the game, meet or contest except for the penalty being served. (Students who are not in good standing due to suspension, expulsion, injury, illness, family vacations, etc are not able to be placed in a game, meet or contest and are therefore not able to count those contests toward the penalty).

**15. PROGRESSIVE AND CONSECUTIVE PENALTIES:** Penalties shall be progressive and consecutive beginning with the student's first participation in a League activity and continuing through the student's high school career.

**16. COLLEGE/UNIVERSITY TEAMS** — Individuals who have participated with a college or university team are ineligible for participation in any activity of the League.

**17. FAIR HEARING PROCEDURE** — The League Constitution provides a Fair Hearing Procedure for the student or parent contesting a school's determination of ineligibility for a student. **The student has 10 calendar days in which to appeal the school's decision.** The appeals process includes an appeal before a hearing panel at the school and the right, if desired, to appeal that decision to the League's Board of Directors. An independent hearing examiner will hear the appeal and make written findings of fact, conclusions and a recommendation for the Board of Directors following the hearing. The Board's decision shall be final. A complete listing of the Fair Hearing Procedure may be obtained from the athletic director or principal of the high school or on Web at [www.mshsl.org](http://www.mshsl.org) in the Publications section.

## ATHLETIC RULES

**1. \*PHYSICAL EXAMINATION AND PARENTS PERMIT** — Any student who intends to participate in high school interscholastic athletics and cheerleading activities must have on file in the school, a record of a physical examination performed within the previous three (3) years. A health questionnaire shall be completed annually and could indicate the need for a physical examination prior to participation. The signature of the parent or guardian approving participation is required.

**2. LAST DATE TO JOIN A TEAM** — To be eligible for section and state competition, a student must be a member of that school's team not later than the fourth Monday from the official start of that sport season. Gymnasts must be on the school's team not later than the third Monday from the official start of that season. When a sport season begins on a Monday, that day shall be counted as the first Monday.

**3. NON-SCHOOL COMPETITION AND TRAINING FOR TEAM AND INDIVIDUAL SPORTS** —

**A. During the High School Season:** During the high school season a student may not participate as a member of a team or as an individual competitor in non-school sponsored games, meets, tournaments or contests, in the same sport. *Participation defined: practice, training, tryouts, scrimmaging and competing. Season Defined: The high school season shall run from the first date that practice may begin until the team is eliminated in MSHSL tournament competition.* Baseball, Softball and Skiing are

exceptions to this rule.

**Exception: Non-School Training During the High School Season for Athletes Who Qualify as Individual competitors to the State Tournament: (Swimming, Cross Country, Tennis, Skiing, Gymnastics, Wrestling, Synchronize Swimming, Golf, and Track and Field)**

**i. Lessons/Training:** During the MSHSL high school season athletes may take lessons from professionals and other non-school coaches without limit as to where, when or who may provide the training. Athletes may not miss a high school practice, game, or meet to take a lesson or train for a non-school event. Athletes may take lessons and or train with a non-school team/club during the high school season in the same sport.

**ii. Competition:** Athletes will be able to compete in non-school events/competitions that do not match the events in which athletes currently compete in high school competition. *Exception: Summer Vacation Period — Students may participate in non-school competitions, meets, games, tournaments in the same sport they currently play at the high school level during the summer vacation period. See definition of summer vacation below: 14.C.*

Summer Coaching waiver: If a student participates on a team coached by a member of the high school coaching staff,

coaching contact shall end on July 31 unless a conditional extension to the summer waiver is granted by the school's athletic director.

Students may take private lessons during the MSHSL season.

**B. During the School Year, Prior To and Following the High School Sports Season:** A student may participate in contests, meets or tournaments as an individual competitor or as a member of a non-school team provided that these activities are voluntary and not influenced or directed by a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff.

1. A student may not use any type of high school uniform.
2. A student may not receive coaching or training from a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff in that sport. Power skating, tennis, gymnastics, and indoor soccer are included in this limitation.
3. A student may receive training through private lessons from a person who is not a salaried or non-salaried member of the student's sophomore, B-squad, junior varsity or varsity high school coaching staff in that sport.
4. A student's fee for non-school coaching or training must be provided by the student or the student's parent(s) or guardian(s) unless approved by the Board of Directors.

**C. Summer Vacation Period:**

A student may compete as an individual or as a member of a nonschool team even though competing on a high school team in the same sport. *Summer shall be defined as June 1 through Labor Day. Summer for the sport of soccer shall be defined as June 1 through Sunday immediately preceding the official starting date of the MSHSL high school soccer season. Note: Students may participate in activities during the summer, as defined above, even though their high school sport season in the same sport has begun. For example, students may play in a non-school tennis tournament while a member of the high school team or participate in road races while a member of the cross country team through Labor Day. Soccer is excluded from dual participation as defined above.*

**D. Penalty:**

1. First Violation: After confirmation of the first violation, the student shall lose eligibility in that sport for the next two (2) consecutive interscholastic contests or two (2) weeks of that season, whichever is greater. If there are fewer than two (2) events remaining in that sport, the loss of eligibility will continue into the next season in that sport. Note: This means that a senior who violates the bylaws at the end of one sport season will lose eligibility for two (2) games in the next sport season in which the student participates.
2. Second Violation: After confirmation of the second violation, the student shall lose eligibility in that sport for the next six (6) consecutive interscholastic contests or three (3) weeks, whichever is greater.
3. Third Violation: After confirmation of the third or subsequent violations, the student shall lose eligibility in that sport for the next twelve (12) consecutive interscholastic contests or four (4) weeks, whichever is greater.
4. Penalties are progressive and consecutive.

**E. Special Considerations:**

1. National Teams and Olympic Development Programs  
The MSHSL may permit participation by high school students on bona fide national teams or in Olympic development programs if:
  - a. The program is approved and supported by the national governing body of the sport or if there is an Olympic development program of training and competition.
  - b. Directly funded by a national governing body on a national level.
  - c. Authorized by a national governing body for athletes having potential for future national team participation.Students who are invited to participate on National Teams or in

Olympic Development Programs must contact their high school principal to obtain an application form. This must be completed at least thirty (30) days prior to participation.

2. During the school year, students who participate for their school in a sport may participate through training, try-out or competition on a National Team or in a United States Olympic Development Program provided the student receives an individual invitation from the United States Olympic Committee or the United States National Governing Body on the national level for that sport.
3. Students who have completed their eligibility in a sport are exempt from the non-school competition and training rules in that sport.

**4. ATHLETIC CAMPS AND CLINICS —**

- A. **School Year:** Students may attend athletic camps and clinics which have been approved by their high school principal.
- B. **Summer Vacation Period:** Non-school specialized athletic camps and clinics do not require approval.
  1. The non-school sponsored camp or clinic fee must be provided by the student or the student's parent(s) or guardian, unless other arrangements are approved by the Board of Directors.
  2. A student may attend a camp or clinic where a member of the school's coaching staff (sophomore, B-Squad, junior varsity or varsity) in that sport owns, administers, directs, organizes, or serves as an instructor or is a staff member during the student's attendance.
- C. **Penalty:**
  1. First Violation: After confirmation of the first violation, the student shall lose eligibility in that sport for the next two (2) consecutive interscholastic contests or two (2) weeks of that season, whichever is greater. If there are fewer than two (2) events remaining in that sport, the loss of eligibility will continue into the next season in that sport. Note: This means that a senior who violates the bylaws at the end of one sport season will lose eligibility for two (2) games in the next sport season in which the student participates.
  2. Second Violation: After confirmation of the second violation, the student shall lose eligibility in that sport for the next six (6) consecutive interscholastic contests or three (3) weeks, whichever is greater.
  3. Third Violation: After confirmation of the third or subsequent violations, the student shall lose eligibility in that sport for the next twelve (12) consecutive interscholastic contests or four (4) weeks, whichever is greater.

**5. TRANSFER RULE — Bylaw 111**

- A. A transfer student is eligible for varsity competition provided the student was in good standing on the date of withdrawal from the last school the student attended and one (1) of the provisions in Section B (below) is met.
- B. A transfer student is eligible for varsity competition if:
  1. 9<sup>th</sup> Grade Option: The student is enrolling in 9th grade for the first time.
  2. Family Residence Change: the student transfers from one public school district attendance area to another public school district attendance area at any time during the calendar year in which there is a change of residence and occupancy in Minnesota by the student's parents. If the student's parents move from one public school district attendance area to another public school district attendance area, the student will be eligible in the new public school attendance area or a non-public school if the student transfers at the same time the student's parents move.

If the parents move from one public school district attendance area to another, the student shall continue to be fully eligible if the student continues enrollment in the prior school for the balance of the current marking period or for the balance of the academic school year. If the student elects either of the

current enrollment options above, the student will be fully eligible upon transfer to the new school.

A student who elects not to transfer upon a parent's change in residence shall continue to be eligible at the school in which the student is currently enrolled.

3. Court Ordered Residence Change for Child Protection: the student's residence is changed pursuant to a child protection order placement in a foster home, or a juvenile court disposition order.
4. Divorced Parents: a student of legally divorced parents who have joint physical custody of the student may move from one custodial parent to the other custodial parent and be fully eligible at the time of the move. The student may utilize this provision only one time during grades 9-12 inclusive.
5. Move from Out of State: if a student's parents move to Minnesota from a state or country outside of Minnesota and if the student moves at the same time the parent establishes a residence in a Minnesota public school district attendance area, the student shall be eligible at the first school the student attends in Minnesota.

C. If none of the provisions in Athletic Rule 5.B.2.1-5 (above) are met, the student is ineligible for varsity competition for a period of one (1) calendar year beginning with the first day of attendance in the new school.

1. Students are immediately eligible for competition at the non-varsity level.
2. A student may not obtain eligibility as a result of a transfer. If at the time of transfer the student was not fully eligible in the previous school, the student shall be ineligible in the new school. A student who was not in good standing at the time of transfer shall be ineligible until the penalty from the previous school has been served.
3. Each time a student transfers and the conditions of the transfer do not meet any of the provisions of Bylaw 111.1.B.i-v, the student will be ineligible for varsity competition for a period of one (1) calendar year beginning with the first day of attendance at the new school. For example, if a student, while serving a one-year transfer suspension, transfers to another school and none of the provisions of Bylaw 111.1.B.i-v are met, an additional one-year suspension will be applied. The student will begin serving the additional one-year suspension immediately following the completion of the previous one-year suspension.
4. Enrollment Options Program: a student who utilizes Minnesota Statute 124D.03 Enrollment Options Programs, and transfers without a corresponding change of residence by the student's parents shall elect one of the following:
  - a. retain full eligibility for varsity competition for one (1)

calendar year at the school where the student was enrolled prior to the transfer after which time the student shall become fully eligible at the school to which the student has open enrolled; or

- b. be eligible only at the non-varsity level in the school to which the student has open enrolled for one (1) calendar year.

5. A student who transfers from one MSHSL member school to another MSHSL member school is ineligible for varsity competition for fifteen (15) calendar days from the first day the student attends practice in the fall or attends classes in the new school for the first time.

Upon transfer, the student will be ineligible at the former school and may practice at the new school but may not compete in any varsity activity at the new school.

The student will retain full eligibility at the former school if the student chooses to return to the former school during the fifteen (15) calendar day period.

If the student remains at the new school, following the fifteen (15) calendar day period, the student will become eligible at the varsity level only when the student has fully met all of the transfer criteria and has been deemed to be eligible both by the new school and the League office.

If any of the transfer criteria has not been met, the student will be ineligible for varsity competition at the new school and must then choose between varsity eligibility at the former school or JV eligibility at the new school.

- a. The student may elect to decline the 15 day window to become eligible to compete at the varsity level at the Receiving School once the school administration determines the student has met all of the varsity participation eligibility criteria.
- b. A student may utilize this provision one time per 365 calendar day period.

\* Denotes rules applicable to cheerleaders

REV. 5-12-16

# CONCUSSION MANAGEMENT RECOMMENDATIONS FOR MSHSL ATHLETES



## Acute injury

When a player shows any symptoms or signs of a concussion, the following should be applied.

1. The player should not be allowed to return to play in the current game or practice.
2. The player should not be left alone, and regular monitoring for deterioration is essential over the initial few hours after injury.
3. The player should be medically evaluated after the injury.
4. Return to play must follow a medically supervised stepwise process.

A player should never return to play while symptomatic. "When in doubt, sit them out!"

## Return to play protocol

Return-to-play decisions are complex. An athlete may be cleared to return to competition only when the player is free of all signs and symptoms of a concussion at rest and during exercise. Once free of symptoms and signs of concussion, a stepwise symptom free exercise process is required before a player can return to competition.

- Each step requires a minimum of 24 hours.
- The player can proceed to the next level only if he/she continues to be free of any symptoms and or signs at the current level.
- If any symptoms or signs recur, the player should drop back to the previous level.

The return to play after a concussion follows a stepwise process:

1. No activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training.
3. Sport specific exercise—for example, skating in hockey, running in soccer; progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

The final return to competition decision is based on clinical judgment and the athlete may return only with written permission from a health care provider who is registered, licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment; is trained and experienced in evaluating and managing concussions; and is practicing within the person's medical training and scope of practice.

Neuropsychological testing or balance testing may help with the return to play decision and may be used after the player is symptom free, but the tests are not required for the symptom free player to return to play.

For more information please refer to the references listed below and [www.concussionsafety.com](http://www.concussionsafety.com).

### Signs Observed By Coaching Staff

Appears dazed and stunned  
Is confused about assignment or position  
Forgets sports plays  
Is unsure of game, score, or opponent  
Moves clumsily  
Answers questions slowly  
Loses consciousness (even briefly)  
Shows behavior or personality changes  
Can't recall events prior to hit or fall  
Can't recall events after hit or fall

### Symptoms Reported By Athlete

Headache or "pressure" in head  
Nausea or vomiting  
Balance problems or dizziness  
Double or blurry vision  
Sensitivity to light  
Sensitivity to noise  
Feeling sluggish, hazy, foggy, or groggy  
Concentration or memory problems  
Confusion  
Does not "feel right"



# 2016-2017 MSHSL ELIGIBILITY STATEMENT

All MSHSL eligibility determinations are based on the most current official handbook found at [mshsl.org/handbook](http://mshsl.org/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 2016-2017 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: [www.MSHSL.org](http://www.MSHSL.org) under 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/concussion](http://www.cdc.gov/concussion).
- I understand that once I sign the eligibility statement all eligibility rules apply:
  - Twelve (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 2016-2017 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.**

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Student's Printed Name

Birth Date

Grade in School

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Student's Signature

Date

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Parent's or Guardian's Signature

Date

# MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade \_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Last Sports Qualifying Physical Exam (SQPE) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check Yes or No boxes for each question or Circle question numbers for which you cannot answer.

**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:**

	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"/>
IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR		
2. In the last year, have you passed out or nearly passed out <i>during</i> or <i>after</i> 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"/>
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? .....	<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 50 (including an unexplained drowning, an unexplained car accident, or Sudden Infant Death Syndrome)? .....	<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 developed hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT Syndrome, 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 been diagnosed with Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? .....	<input type="checkbox"/>	<input type="checkbox"/>
12. In the last year, has anyone in your immediate family under age 50 had a heart problem, pacemaker, or implanted defibrillator? .....	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL RISK QUESTIONS IN THE LAST YEAR		
13. Have you had infectious mononucleosis (mono) within the last month? .....	<input type="checkbox"/>	<input type="checkbox"/>
14. 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"/>
15. In the last year, have you had numbness, tingling, weakness in, or inability to move your arms or legs after being hit or falling? .....	<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/activities director to know.**

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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

Athlete Signature

Date

**Athletic/Activity Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)**

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SQPE Due \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CLEARED FOR SPORTS: YES  NO**





## 2016-2017 SPORTS QUALIFYING PHYSICAL HISTORY FORM

Minnesota State High School League

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

## History

Circle Question Number (1) of questions for which the answer is unknown.  
No

Circle Y for Yes or N for

**GENERAL QUESTIONS**

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, asthma, anemia, infections)? ..... 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 spent the night in a hospital? ..... Y/N
6. Have you ever had surgery? ..... Y/N

**HEART HEALTH QUESTIONS ABOUT YOU**

7. Have you ever passed out or nearly passed out DURING exercise? ..... Y/N
8. Have you ever passed out or nearly passed out AFTER exercise? ..... Y/N
9. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? ..... Y/N
10. Does your heart race or skip beats (irregular beats) during exercise? ..... Y/N
11. Has a doctor ever told you that you have? (circle):  
High blood pressure    A heart murmur    High cholesterol    A heart infection    Rheumatic fever    Kawasaki's Disease
12. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram, stress test) ..... Y/N
13. Do you get lightheaded or feel more short of breath than expected during exercise? ..... Y/N
14. Have you ever had an unexplained seizure? ..... Y/N
15. Do you get more tired or short of breath more quickly than your friends during exercise? ..... Y/N

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

16. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including unexplained drowning, unexplained car accident, or sudden infant death syndrome)? ..... Y/N
17. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? ..... Y/N
18. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? ..... Y/N
19. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? ..... Y/N

**BONE AND JOINT QUESTIONS**

20. 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
21. Have you had any broken or fractured bones or dislocated joints? ..... Y/N
22. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? ..... Y/N
23. Have you ever had a stress fracture? ..... Y/N
24. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) ..... Y/N
25. Do you regularly use a brace, orthotics or other assistive device? ..... Y/N
26. Do you have a bone, muscle, or joint injury that bothers you? ..... Y/N
27. Do any of your joints become painful, swollen, feel warm, or look red? ..... Y/N
28. Do you have any history of juvenile arthritis or connective tissue disease? ..... Y/N

**MEDICAL QUESTIONS**

29. Has a doctor ever told you that you have asthma or allergies? ..... Y/N
30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise? ..... Y/N
31. Is there anyone in your family who has asthma? ..... Y/N
32. Have you ever used an inhaler or taken asthma medicine? ..... Y/N
33. Do you develop a rash or hives when you exercise? ..... Y/N
34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ? ..... Y/N
35. Do you have groin pain or a painful bulge or hernia in the groin area? ..... Y/N
36. Have you had infectious mononucleosis (mono) within the last month? ..... Y/N
37. Do you have any rashes, pressure sores, or other skin problems? ..... Y/N
38. Have you had a herpes or MRSA skin infection? ..... Y/N
39. Have you ever had a head injury or concussion? ..... Y/N
40. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems? ..... Y/N
41. Do you have a history of seizure disorder? ..... Y/N
42. Do you have headaches with exercise? ..... Y/N
43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? ..... Y/N
44. Have you ever been unable to move your arms or legs after being hit or falling? ..... Y/N
45. Have you ever become ill while exercising in the heat? ..... Y/N
46. Do you get frequent muscle cramps when exercising? ..... Y/N
47. Do you or someone in your family have sickle cell trait or disease? ..... Y/N
48. Have you had any problems with your eyes or vision? ..... Y/N
49. Have you had any eye injuries? ..... Y/N
50. Do you wear glasses or contact lenses? ..... Y/N
51. Do you wear protective eyewear, such as goggles or a face shield? ..... Y/N
52. Do you worry about your weight? ..... Y/N
53. Are you trying to or has anyone recommended that you gain or lose weight? ..... Y/N
54. Are you on a special diet or do you avoid certain types of foods? ..... Y/N
55. Have you ever had an eating disorder? ..... Y/N
56. Do you have any concerns that you would like to discuss with a doctor? ..... Y/N

**FEMALES ONLY**

57. Have you ever had a menstrual period? ..... Y/N
58. How old were you when you had your first menstrual period? \_\_\_\_\_
59. 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.

## 2016-2017 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

Minnesota State High School League

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, cigar, or pipe 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 any alcohols, even just one?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any medications or 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:

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## 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*
<b>Appearance</b> No Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	Y / N Y / N		
<b>HEENT</b>	Y / N		
Eyes	Y / N		
Fundoscopic	Y / N		
Pupils	Equal / Unequal		
Hearing	Y / N		
<b>Cardiovascular</b> No Murmurs (standing, supine, +/- Valsalva)	Y / N		
PMI location			
Pulses (simultaneous femoral & radial)	Y / N		
<b>Lungs</b>	Y / N		
<b>Abdomen</b>	Y / N		
<b>Tanner Staging (optional)</b>	I II III IV V		
<b>Skin</b> (No HSV, MRSA, Tinea corporis)	Y / N		
<b>Musculoskeletal</b>			
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		
Functional (Single Leg Hop or Squat, Box Drop)	Y / N		

\* Required Only if Multiple Examiners

Notes: \_\_\_\_\_

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Assessment:  Cleared for sports without restriction  Restricted participation (see Clearance Form)Plan: Immunizations:  Up-to-Date  Recommend Annual Flu Shot (Especially for Asthma & winter athletes)  Consider HPV series  
 Immunize if needed (Tdap, meningococcal MCV4, (1-2 doses), 3 HPV, 2 MMR, 3 hep B, 3-4 Polio, 2 varicella or history of disease)Health Maintenance:  Lifestyle, health, and safety counseling  Discussed dental care and mouthguard use  
 Discussed Lead and TB exposure – (Testing indicated / not indicated)  Eye Refraction if indicated

Attending Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2016-2017 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 Physician's Assistant, and/or Advanced Practice Nurse.*)

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 \_\_\_\_\_



LOYOLA CATHOLIC SCHOOL High School  
Parking Permit Form

Loyola students who are driving to school are required to have a current parking permit displayed in their front windshield when parked in the school parking lot. Due to safety issues unauthorized vehicles may be subject to towing at the owners expense.

The cost of the permit/sticker is \$75, which will be billed through Smart Tuition. To purchase or renew a 2016-2017 permit please fill out the information below and submit it to Upper Campus Office. Students that have permits from last year are required to bring the permit to the office to get 2016-2017 validation sticker.

My student **will** be driving to school \_\_\_\_\_  
(Parent signature)

**Please fill out the information below:**

Student Name:

Make/Model:

License Plate:

Color of Vehicle:

Permit Number: