



MINNEAPOLIS
PUBLIC SCHOOLS
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Middle School Soccer League



Practice Start Date: September 5

Game Dates: September 22, 26, 29; October 4

Tournament Dates: October 6, 11, 13,

Championship Date: October 16 (5:30pm)



GAME LOCATION:

National Sports Center

1700 105th Ave. NE, Blaine

(Home of Minnesota United FC)

GAME TIMES:

4:00 pm and 5:30 pm





World Cup Style



Tentative Pools

Middle School Athletic Coordinators will confirm registrations by
September 5th.

All teams will be made up of boys and girls (Coed).

- Pool A : School (end time)
 1. Andersen (2:00pm)
 2. Barton (2:00pm)
 3. Seward (2:00pm)
 4. Hmong International (2:00pm)
- Pool B: School (end time)
 1. Field (2:35pm)
 2. Sullivan/Anishanabe (2:35pm)
 3. Heritage Academy (2:50pm)
 4. Folwell (3:10pm)
 5. Marcy (3:10pm)
- Pool C: School (end time)
 1. Anwatin (3:45pm)
 2. Franklin (3:45pm)
 3. Justice Page (formerly Ramsey 3:45pm)
 4. Northeast (3:45pm)
 5. Olson (3:45pm)
- Pool D: School (end time)
 1. Anthony (3:45pm)
 2. Sanford (3:45pm)
 3. Jefferson (4:10pm)
 4. Keewaydin (4:10pm)
 5. Lake Harriet (4:10pm)



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Middle School Soccer League Specifics

Transportation: Teams will be provided District Transportation for all games.

Pool Play: All teams will play teams within their pool. Top 2 teams in each Pool advance to Tournament Play. Teams will be awarded 3 points for regulation win, games ending in a tie will have a shoot-out: teams will be awarded 2 points for shoot-out win and 1 point for shoot-out loss. Pool standing ties will be broken by the following criteria: 1) Total goals allowed; 2) Total goals scored; 3) Score Differential

Game Length: Games will be two 25 minute halves with a 5 minute halftime.

Officials: Officials will be scheduled by District Athletic Office. If officials do not show up for games coaches and/or parents should officiate. Games will not be cancelled because of lack of officials.

Rules: High school rules will be followed with the following exceptions:

- 1) There is unlimited substitution.
- 2) All eligible students must play in each game.
- 3) If game ends in a tie a shoot-out will occur. The referee designates which team captain will call the coin toss. The team winning the coin toss has the choice of shooting first or second. Each coach selects three players, on or off the field (except those who were disqualified), to take penalty kicks. The teams alternate kickers with the goalkeeper being any eligible team member. The team scoring on the greater number of kicks shall be the winner. If the score is still tied, each coach will select one different player who shall take each kick, and not until 10 players of any team have attempted a kick, may a player of the same team have a second kick. When repeating the procedure, a winner will be declared if one team scores and the opponent fails to score.

Game schedules will be finalized when schools declare their teams.

All Schedules are subject to change.



Pool Play Match Schedule

(all games at National Sports Center in Blaine)

September 22

September 26

September 29

October 4

October 6

Tournament Schedule

(all games at National Sports Center in Blaine)

Oct. 11: Quarterfinals

- | | |
|-----------------------------|--------|
| (1) Pool A #1 vs. Pool B #2 | 4:00pm |
| (2) Pool A #2 vs. Pool B #1 | 4:00pm |
| (3) Pool C #1 vs. Pool D #2 | 5:30pm |
| (4) Pool C #2 vs. Pool D #1 | 5:30pm |

Oct. 13: Semi-Finals

Game 1 winner vs. Game 2 winner 4:00pm

Game 3 winner vs. Game 4 winner 5:30pm

Oct. 16: Finals – 5:30pm

All student participants must have an Athletic Eligibility Statement on file at their school prior to participation. Form must be signed by both student and their parent/guardian. See Below.



ATHLETIC ELIGIBILITY STATEMENT

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

STUDENT CODE OF RESPONSIBILITIES

- As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities:
 - I understand that I must be making satisfactory academic progress in all of my classes in order to participate in my school's athletic program.
 - I will be fully responsible for my own actions and the consequences of my actions.
 - I will respect the property, rights and beliefs of others and will treat others with courtesy and consideration.
 - I will respect and obey the rules of my school and the laws of my community, state and country.
 - I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by the principal.

- Informed Consent: Athletic Insurance Information:** I understand there is no coverage by the Minneapolis Public Schools for insurance or benefit plans for student/athletes. It is recommended that all parents have some type of hospitalization and medical coverage. By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Herpes and Hepatitis B and others. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN A MINNEAPOLIS PUBLIC SCHOOL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.

- I consent to the coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.
- I further understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.
- By signing this we acknowledge that we have read the information contained on this Athletic Eligibility Form.

The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student/parent understands and agrees that public information shall include names and pictures of students participating in or attending extra-curricular activities, school events, and High School League activities or events.

Student's Printed Name _____ Birth Date _____ Grade _____ School Year _____

Student's Signature _____ Date _____ School Year _____

Parent's or Guardian's Signature _____ Date _____ School Year _____

All student participants must have a current athletic physical on file at their school prior to participation. Form must be signed by attending physician. See Below.

COPY this Clearance Form for the student to return to the school. **KEEP** the complete document in the student's medical record.

SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM
Minnesota State High School League

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

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check Only One Box)
 (1) Participate in all school interscholastic activities without restrictions.
 (2) Participate in any activity not crossed out below.

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

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

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

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

Sport Classification Based on Intensity & Strenuousness: The classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (VO₂max) achieved and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in an increasing blood pressure load. The lowest total cardiovascular demand (cardiovascular blood pressure) are shown in light shading and the highest cardiac shading. The graduated shading in between indicates moderate, moderate, and high moderate total cardiovascular demands. †Danger of body collision, increased risk of syncope occurs. Repetitive-jerk-exposure-both-shoulders-ASAC-RR, 35th Bethesda Conference, eligibility recommendations for competitive athletes with cardiovascular abnormalities. JAm Coll Cardiol. 2005; 45(8):1317-1375.

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

Attending Physician Signature _____ Date of Exam _____
 Print Physician Name: _____
 Office/Clinic Name _____ Address: _____
 City, State, Zip Code _____
 Office Telephone: ____ - ____ - _____ E-Mail Address: _____

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

IMMUNIZATIONS (Consider Td or Tdap (age 12+); MMR (2 required); Hep B (3 required); varicella (2 required or history of disease); polio/myelitis (IPV); influenza)

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

IMMUNIZATIONS GIVEN TODAY: _____

EMERGENCY INFORMATION

Allergies _____
 Other Information _____
 Emergency Contact: _____ Relationship _____
 Telephone: (H) ____ - ____ - _____ (W) ____ - ____ - _____ (C) ____ - ____ - _____
 Personal Physician _____ Office Telephone _____

All student participants must have an Athletic Parent Permission/Health Questionnaire on file at their school prior to participation. Form must be signed by both student and their parent/guardian. See Below.

MINNEAPOLIS PUBLIC SCHOOLS
School Copy
ATHLETIC EMERGENCY INFORMATION CARD

NAME _____

ADDRESS _____ PHONE _____

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

NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE: _____

ALTERNATE PERSON TO NOTIFY

NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE: _____

FAMILY PHYSICIAN _____ PHONE: _____

HOSPITAL _____ PHONE: _____

INSURANCE COMPANY _____ POLICY NUMBER _____
