



Alternative Instruction Checklist

Date Completed: _____

Student Name: _____

School (Circle): Jefferson HS Lincoln HS Roosevelt HS Washington HS Ben Reifel MS
 Edison MS McGovern MS Memorial MS Patrick Henry MS Whittier MS

Grade (Circle – Fall 2025): 7th Grade 8th Grade Freshman Sophomore Junior Varsity Varsity

- ☐ SDHSAA Eligibility Checklist for Alternative Instruction Students **(High School Students Only)**
- ☐ Activity Participation Packet
- ☐ Preparticipation Physical Evaluation **(Students participating in interscholastic athletics Only)**
- ☐ Birth Certificate or legally acceptable alternative (Proof of Age) (SFSD Board Policy [JRA-R](#))
 - ☐ Meets age/grade requirements (grade 7 or higher, but has not reached his/her 20th Birthday)
- ☐ Proof of Address (SFSD Board Policy [JCA](#) and [JCA-R](#))
 - ☐ Resides with either a parent or a legal guardian (or court placement documents)
 - ☐ [SFSD Open Enrollment Form](#) (If requesting to attend School that is not in Home Attendance Center)
 - ☐ [SDHSAA Open Enrollment Form](#) (If requesting to attend School that is not in Home Attendance Center and participating in High School Activities)
- ☐ Media – Release Agreement
- ☐ Student Directory Information
- ☐ Infinite Campus Entry (For Office Use Only)
- ☐ Semester Grade Verification (Filled Out Each Semester following Initial Enrollment) **(High School Students Only)**

Parent/Guardian Name (Please Print)

Relationship

Signature of Parent/Guardian

Date

Signature of Student

Date

Signature of Activities Director/Athletic Coordinator

Date

Signature of Principal

Date

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ELIGIBILITY CHECKLIST FOR ALTERNATIVE INSTRUCTION STUDENTS
(Completed on an Annual Basis)

Member School _____ Date Completed _____

Student Name _____ Grade _____

The alternative instruction student must comply with all the items on this checklist in order to participate in SDHSAA sanctioned events. Please check (X) each requirement that has been fulfilled. The aforementioned student:

- _____ meets age/grade requirements (grade 7 or higher, but has not reached his/her 20th birthday)
- _____ has not attended more than 4 first semesters and 4 second semesters or 12 trimesters of school in grades 9-12. These semesters/trimesters must be consecutive
- _____ seventh and eighth grade students may compete on high school teams provided they meet the requirements of SDCL 13-27-3.
- _____ has not graduated from a regular four-year high school or institution of equivalent rank
- _____ has submitted the Alternative Instruction Notification Form by the 16th school day of the current semester/trimester. (If not enrolled in the school academically, must submit Alternative Instruction Notification Form prior to first competition)
- _____ resides with either a parent or a legal guardian (or court placement documents)

Additional Athletic Eligibility Rules

- _____ has current forms for parent permit and SDHSAA athletic physical examination
- _____ has never participated in an athletic contest under an assumed name
- _____ has never participated in athletics in any institution of higher rank than a standard secondary school
- _____ has never violated his/her amateur standing
- _____ is not participating as an individual or as a member of another team during the same sport season while a member of a high school team (i.e. playing on a Y-basketball team during the high school basketball season)

Additional Fine Arts Eligibility Rules

- _____ is currently enrolled and attending the local school's parallel musical organization prior to auditioning and/or participating in Region Music Contests, All-State Chorus, All-State Orchestra, All-State Band, All-State Jazz Band, and All-State Show Choir. If a student tries out for and makes an All-State event, or registers for the Region Music Contest, after which the student quits the high school music organization, the student is not eligible to perform in the All-State event or Region Music Contest for he/she is no longer actively involved in the local school's music group. This also applies to Visual Arts if the school does not have an extra-curricular Visual Arts program outside of school hours.

ALTERNATIVE INSTRUCTION COMPLIANCE

Student:

- _____ has provided school officials with a copy of their completed Notification of Alternative Instruction Form and a transcript of the previous semester coursework.
- _____ has met all member school eligibility requirements as per SDHSAA Bylaws, Chapter I, Part IV, Section 1, Subsections A-C relating to age, enrollment, and eight semester/twelve trimester rule.
- _____ has not been declared academically ineligible in any accredited school during the past year.
- _____ has not transferred eligibility through SDHSAA athletic open enrollment from another member school. If so, list member school previously competing with and date of transfer.
Previous school: _____
Date of transfer: _____

A transfer of eligibility is allowed one time during the four years of eligibility. **In order for SDHSAA athletic open enrollment students to be eligible immediately for participation in interscholastic athletics of the SDHSAA, the student must both:**

- **(1) be enrolled on the first day of the school year at the school they are open enrolling to, and,**
- **(2) have not competed in any SDHSAA sanctioned athletic contest at the school they are open enrolling from during that school year's athletic season.**

Member schools must have the necessary athletic open enrollment papers filed with the SDHSAA office prior to allowing athletic open enrollment students the opportunity to play. Until such athletic open enrollment paperwork is filed, the student is ineligible.

For students who do not meet these criteria:

- a. SDHSAA athletic open enrollment students enrolled in a SDHSAA member school which operates a five (5) day week shall become eligible on the forty-sixth (46th) scheduled day of school provided all other SDHSAA regulations are met. Member schools must have the necessary athletic open enrollment papers filed with the SDHSAA office prior to allowing athletic open enrollment students the opportunity to play. Until such athletic open enrollment paperwork is filed, the student is ineligible.
- b. SDHSAA athletic open enrollment students enrolled in an SDHSAA member school which operates a four (4) day week shall become eligible on the thirty-seventh (37th) scheduled day of school provided all other SDHSAA regulations are met. **Revised 2005** Member schools must have the necessary athletic open enrollment papers filed with the SDHSAA office prior to allowing athletic open enrollment students. This is applicable to the initial transfer only. Any subsequent transfer results in ineligibility for one year from the date of transfer.

We verify that we are in compliance with Chapter 1, Part IV, Section 1, Subsections A-C of the SDHSAA Constitution and Bylaws relating to age, enrollment, eight semester rule and the scholastic/academic eligibility rules and SDCL 13-27-3 rules and regulations. Furthermore, we acknowledge and accept that fulfillment of the same responsibilities and standards of behavior and performance, including related class or practice requirements, as other students, participating in the interscholastic activity is a condition of participation.

(Signature of parent/guardian)

(Signature of student)

I verify that to the best of my knowledge _____ has complied in all respects with the conditions of SDCL 13-27-3 and Chapter 1, Part IV, Section 1, Subsections A-C of the SDHSAA Constitution and Bylaws relating to age, enrollment, eight semester rule and the scholastic/academic eligibility rules and that he/she will be added to the SDHSAA annual eligibility report.

(High School Principal)

(Athletic/Activities Director)



2025 – 2026 Sioux Falls Public Schools Activity Participation Packet

COMPLETED ANNUALLY PRIOR
to any participation in activities, which
includes, but is not limited to, the first
practice, workout (summer included)
or tryout of an activity in which the
student is participating in.

The Sioux Falls School District is committed to preparing our students for purposeful engagement in the world through participation in activities. Students in Grades 7 - 12 have the opportunity to participate in the middle and high school interscholastic athletics and/or activities programs, including school sponsored sports. For those students interested in participating in the Sioux Falls School District activities program during the 2025-26 school year, the following information MUST be on file PRIOR to any participation in activities, which includes, but is not limited to, the first practice, workout (summer included) or tryout of an activity in which the student is participating in.

WARNING AND SAFETY STATEMENT

Although participation in supervised interscholastic activities may be one of the least hazardous any student will engage in, by its nature participation in these activities includes a risk of injury which may range in severity from minor to catastrophic injuries, including permanent paralysis or death. Serious injuries are not common in supervised school activity programs; however, it is possible only to minimize, not eliminate this risk.

MEDICAL INSURANCE

It is the responsibility of the parent/guardian to provide adequate insurance to cover any medical expenses that may be incurred while a student is participating in a school-sponsored activity. Student accident insurance can be obtained at: <https://www.sas-mn.com/sas/k12.php>

YEAR-ROUND ACTIVITY RULES

We have read the [Sioux Falls School District Year-round Activity Rules \(Board Policy JJAA-R\)](#) and agree to abide by its rules and regulations.

SDHSAA RULES AND REGULATIONS

A student who is a member of a **high school team** is subject to all SDHSAA Rules and Regulations. A copy of these rules and regulations may be found at: <https://www.sdhsaa.com/athletic-handbook/>

By signing below, we acknowledge that we agree to all of the above statements and rules, as well as the Consent for Release of Medical Information (HIPAA), and Consent for Medical Treatment.

STUDENT: _____ GENDER: F ☐ M ☐ SCHOOL: _____
(Please Print)

STUDENT ID#: _____ DOB: _____ GRADE: _____
FALL 2025

PARENT/LEGAL GUARDIAN: _____ RELATIONSHIP: _____
(Please Print)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

STUDENT SIGNATURE: _____ Date: _____ 20____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ Date: _____ 20____

Please complete ALL pages of this packet and sign where indicated.

Concussion Facts for Athletes

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you have not been knocked out
- Can be serious even if you have just been “dinged” or “had your bell rung”

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You cannot see a concussion, but you might notice one or more of the symptoms listed below or that you “don’t feel right” soon after, a few days after, or even weeks after the injury.

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. For equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach’s rules for safety and the rules of the sport
- Practice good sportsmanship at all times

It is better to miss one game than the whole season.

Student Signature

Date

Parent/Guardian Signature

Date

[For More Information From SFSD Medical Providers \(Click Here\)](#)

Concussion Facts for Parents

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You cannot see a concussion, Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents/Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none">• Appears dazed or stunned• Is confused about assignment or position• Forgets an instruction• Is unsure of game, score, or opponent• Moves clumsily• Answers questions slowly• Loses consciousness (even briefly)• Shows mood, behavior, or personality changes• Cannot recall events prior to hit or fall• Cannot recall events after hit or fall	<ul style="list-style-type: none">• Headache or “pressure” in head• Nausea or vomiting• Balance problems or dizziness• Double or blurry vision• Sensitivity to light or noise• Feeling sluggish, hazy, foggy, or groggy• Concentration or memory problems• Confusion• Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport
- Always encourage them to practice good sportsmanship.

What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Do not let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it is OK to return to play. A repeat concussion that occurs before the brain recovers from the first - usually within a short period of time (hours, days, or weeks) - can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it is not smart to play with a concussion. Rest is key after a concussion.** Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Do not let your teen convince you that s/he is “just fine”.
4. **Tell all your teen’s coaches and the student’s school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen’s coaches, school nurse, and teachers. If needed, they can help adjust your teen’s school activities during her/his recovery.

Parent/Guardian Signature

Date

Medication Self-Administration for Students during Student Travel*

*As defined in JJH/JJH-R Student Travel & JLCD/JLCD-R Medication Administration

Medication:

All prescribed medications, all over-the-counter (non-prescribed medications) and all chemical/homeopathic substances and compounds, including but not limited to natural remedies, herbs and vitamins*, which purport to aid in a person's health or well-being or to treat illness or disease.

Student Name: _____

Activity: _____

☐ My student will self-administer the following Medication(s) (name/dose/time):

☐ My student will not need to take medications during travel

I acknowledge that my student will be self-administering the above medication during his/her school activity outside of the school day. I understand that the school district and individuals involved will not be liable for the medication administration, lack thereof, or adverse effects of the medication.

I understand that I am responsible for notifying the school and updating this form if there are new medications or updates to the medication listed above.

I understand my student will only take with them the amount of medication needed during the trip.

Parent/Guardian Signature: _____

If you do not feel your child is able to self-administer their medication, please contact your building Activity Director or School Nurse.

Misuse of All Medication

Students are prohibited from transferring, delivering or receiving any medication to or from another student. All violations will result in confiscation of the medication and subject student(s) to discipline in accordance with the District's progressive discipline policy. Students who use medication for purposes other than for its intended use will be disciplined and will no longer be allowed to carry and self-administer medications.

CONSENT FOR MEDICAL TREATMENT

I am the mother / father / legal guardian of (student named below) who participates in activities in the Sioux Falls Public School System. I hereby consent to any medical services and hospital care that may be required while said student is under the supervision of an employee of Sioux Falls Schools while involved in a school-sponsored/approved activity. I hereby appoint said employee to act on my behalf in securing necessary medical services and hospital care from any duly licensed health care provider. I understand that action on the part of District personnel does not obligate personnel or the school system to assume financial responsibility for the transportation or treatment of the student (Board Policy JLCIE).

HEALTH HISTORY

Student's Name: _____ ID #: _____
Address: _____
Phone Number: _____
Student's Religion (optional): _____
Parent/Legal Guardian: _____
Address: _____ Phone: _____
Insurance Company: _____ Insured Person: _____
Policy Number: _____
Father/Step-Father Work Phone: _____
Mother/Step-Mother Work Phone: _____
If we are unable to reach you in an emergency, whom should we contact?
Emergency Name: _____
Relationship: _____ Phone: _____
Emergency Name: _____
Relationship: _____ Phone: _____
Hospital Preference: _____

MEDICAL INFORMATION

Family Doctor: _____ Date of Last Tetanus Shot: _____
Any Allergies: _____
Any Major Medical Problems (i.e. Heart, blood pressure, diabetes): _____
Allergic to any Medications: _____

LEGAL REPRESENTATIVE SIGNATURE: _____

DATE

Circle one: Parent Legal Guardian Other

CONSENT OF STUDENT

I have read the above consent form signed by my mother / father / legal guardian and join with him/her in consent.

STUDENT SIGNATURE: _____

DATE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (HIPAA)

(Health Insurance Portability and Accountability Act)

STUDENT: _____ GENDER: F ☐ M ☐

(Please Print)

DOB: _____ GRADE: _____

FALL 2025

1. I authorize the use or disclosure of the above-named individual's health information which may include the Preparticipation History and Physical Evaluation information pertaining to a student's ability to participate in school-sponsored/approved activities. Such disclosure may be made by a health care provider generating or maintaining such information for the purposes of evaluating, observing, diagnosing, and creating treatment plans for injuries that occur during the time period covered by this form or pre-existing conditions that require care plans pertaining to participation during the time period covered by this form.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, school approved volunteer, medical providers and other school personnel involved in the medical care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on: 6/31/2026
6. I understand that once the above information is disclosed, the recipient may re-disclose it and federal privacy laws or regulations may not protect it and the information. Schools and school districts are educational agencies and institutions under FERPA. Disclosure and re-disclosure by schools or school employees must meet FERPA requirements, including parental consent if no exception applies.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

LEGAL REPRESENTATIVE SIGNATURE: _____

DATE

Circle one: Parent Legal Guardian Other

STUDENT SIGNATURE: _____

DATE



2025 – 2026 Sioux Falls Public Schools Preparticipation Physical Evaluation

Middle School:

Occurs on or after April 1 of Students 5th Grade Year and prior to participation. Valid through end of Students 8th Grade School Year.

High School:

Occurs annually on or after April 1 and prior to participation.

A **LICENSED MEDICAL PERSONNEL** must complete this form on or after April 1, 2025 and before student may participate in interscholastic athletics. Please refer to Pre-participation Health History page for health history and parent permission.

NAME: _____ **GENDER:** F ☐ M ☐ **SCHOOL:** _____

STUDENT ID#: _____ **DOB:** _____ **GRADE:** _____

FALL 2025

1. Blood pressure (sitting) _____ / _____ Repeat in 5 minutes, if elevated _____ / _____

2. Height _____

3. Weight _____

Normal

Abnormal

Comments

4. Vision 20/ _____ (L) 20/ _____ (R)

5. Appearance

6. Head/Mouth

7. Eyes, ears, nose and throat

8. Lymph Nodes

9. Heart (Sounds/Murmurs/Pulse/Rhythm)

10. Lungs

11. Abdomen (Liver/Spleen, Masses)

12. Skin (HSV, Lesions, Staphy, MRSA, etc.)

13. Neurological

14. Neck

15. Back

16. Shoulder and Arm

17. Elbow and Forearm

18. Wrist, Hand, and Fingers

19. Hip and Thigh

20. Knee

21. Leg and Ankle

22. Foot and Toes

23. Functional (Double/Single Leg Squat/Box Drop)

24. Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination

25. Consider additional questions on more sensitive issues:

a. Do you feel stressed out or under a lot of pressure?

b. Do you ever feel sad, hopeless, depressed, or anxious?

c. Do you feel safe at your home or residence?

d. Have you ever tried cigarettes, e-cigarettes, vaping, chewing tobacco, snuff, or dip?

e. Over the past 30 days, have you used chewing tobacco, snuff, or dip?

f. Do you drink alcohol or use any other drugs?

g. Have you ever taken anabolic steroids or used any other performance-enhancing supplement?

h. Have you ever taken any supplements to help you gain or lose weight or improve your performance?

i. Do you wear a seatbelt or helmet?

SPORTS PARTICIPATION RECOMMENDED FOR (Mark One):

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendation for further evaluation or treatment of:

☐ Medically eligible for certain sports (list here): _____

☐ Not medically eligible pending further evaluation: _____

☐ Not medically eligible for any sports: _____

Name of Examiner: _____ **Date:** _____ 20____

(Please Print)

Signature of Examiner: _____

NOTE: South Dakota codified law allows the following licensed medical personnel are qualified to perform the evaluation and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physician's Assistant and licensed Nurse Practitioner.

2025-2026 SIOUX FALLS PUBLIC SCHOOLS PREPARTICIPATION MEDICAL HISTORY

This Form must be completed by the patient and parent/guardian and **brought to appointment** with the licensed medical personnel.

All forms must be completed prior to your student participating in athletics and school sponsored sports.

NAME: _____ GRADE: _____ DATE OF BIRTH: _____

FALL 2025

ANSWER EACH QUESTION SPECIFIC TO "IN THE PAST YEAR" AND **EXPLAIN ANY "YES" ANSWER WITH AN ATTACHED DOCUMENT**

GENERAL QUESTIONS				Yes	No
1	Do you have any concerns you'd like to discuss with your provider?				
2	Has a provider ever denied or restricted your participation in sports for any reason?				
3	Do you have any ongoing medical issues or recent illnesses?				
HEART HEALTH QUESTIONS ABOUT YOU				Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?				
5	Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?				
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7	Has a doctor ever told you that you have any heart problems?				
8	Has a doctor ever requested a test for your heart? (Example: electrocardiography or echocardiography)				
9	Do you get light-headed or feel shorter of breath than your friends during exercise?				
10	Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY				Yes	No
11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before 35 years of age (including drowning or unexplained car crash)				
12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS) short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13	Has anyone in your family had a pacemaker or implanted defibrillator before age 35?				
BONE AND JOINT QUESTIONS				Yes	No
14	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or a game?				
15	Do you have a bone, muscle, ligament or joint injury that bothers you?				
MEDICAL QUESTIONS				Yes	No
16	Do you cough, wheeze, or have difficulty breathing during or after exercise?				
17	Are you missing a kidney, an eye, a testicle, your spleen or any other organ?				
18	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?				
19	Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?				
20	Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?				
21	Have you ever had numbness, tingling or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?				
22	Have you ever become ill while exercising in the heat?				
23	Do you or does someone in your family have sickle cell trait or disease?				
24	Have you ever had, or do you have any problems with your eyes or vision?				
25	Do you worry about your weight?				
26	Are you trying to, or has anyone recommended that you gain or lose weight?				
27	Are you on a special diet, or do you avoid certain types of foods or food groups?				
28	Have you ever had an eating disorder?				
29	Have you ever had COVID-19?				
FEMALES ONLY				Yes	No
30	Have you ever had a menstrual period?				
31	How old were you when you had your first period?				
32	When was your most recent period?				
33	How many periods have you had in the past 12 months?				
List all past and current medical conditions:					
Have you ever had surgery? If Yes, list all procedures:					
List all prescriptions, over-the-counter meds or supplements you currently take:					
Do you have any allergies? If Yes, Please list them here:					
Over the last two weeks, how often have you been bothered by the following problems? (Circle Response)					
	Not at All	Several Days	Over Half the Days	Nearly Every Day	
Feeling nervous, anxious or on edge	0	1	2	3	
Not being able to stop or control worrying	0	1	2	3	
Little interest in pleasure or doing things	0	1	2	3	
Feeling down, depressed or hopeless	0	1	2	3	
A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes					

AUTHORIZATION AND CERTIFICATION

As the parent/guardian, my signature (1) authorizes the above-named student to participate in athletics and (2) certifies that to the best of my knowledge everything above is complete and correct and with full knowledge of above medical history that the above-named student is physically fit to participate in interscholastic athletics for the 2025-26 school year.

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Date: _____ 20: _____ Signature of Student-Athlete: _____



SOUTH DAKOTA Open Enrollment - Transfer of Athletic Eligibility

Chapter II, Part I, Section 1 of SDHSAA Bylaws

For School Year:

Parent/Guardian: Complete Sections I, II, III & Sign

I. Parent/Guardian Information		
Parent/Guardian Name (Last, First, M.I.)	Home Telephone: () Work Telephone: () Fax Number: ()	
Parent/Guardian Address	City	Zip Code
School District/Attendance Area in which family resides:		
II. Student Information		
Student Name (Last, First, M.I.)		
High School Previously Attended:	Grade Level (for school year listed above)	
Sports Previously Participated In:		
III. School Information		
SDHSAA Member High School to which student wants to transfer:	Was/will this student be enrolled in your school on the 1 st day of the school year listed above? Yes No	Athletic eligibility is applicable to the initial transfer only. Please check as indication that parents understand this restriction
The above information is true and correct to the best of my knowledge.		
Signature of Parent/Guardian		Date

Receiving School: Complete Section IV, V & Sign

IV. Date Application Received By SDHSAA Member School		
Date Application Received	Date Governing Board Took Action	School Representative (Please Sign)
V. Receiving High School Approval/Disapproval		
Following review of this application, with due consideration to the laws and rules applicable to the open enrollment program, this application is hereby:		
Select appropriate options: Receiving school is a five (5) day per week school Receiving school is a four (4) day per week school		
APPROVED: The receiving high school will send signed copies of this application to: 1) the former high school, 2) the parent/guardian, and 3) the South Dakota High School Activities Association. A copy will be kept on file in the high school receiving the student.		
DISAPPROVED: The receiving high school will send signed copies of this application to: 1) the former high school, 2) the parent/guardian, and 3) the South Dakota High School Activities Association. A copy will be kept on file in the high school receiving the student. The application was disapproved for the following reason(s):		
Signature of School Board President or Designated School Official		Date

ACTION TAKEN BY THE SDHSAA

<input type="checkbox"/> APPROVED - Eligible for sports immediately	
<input type="checkbox"/> APPROVED - Eligible for sports on the 46 th /37 th scheduled day of school following enrollment at _____ High School	
<input type="checkbox"/> DISAPPROVED - Student previously transferred under athletic open enrollment	
<input type="checkbox"/> NOT NEEDED - Reason: _____	
Executive Director Signature	Date



Media Release Agreement

During the school year, opportunities arise for the District to share newsworthy and notable events that happen in our schools with local or national media and other educational agencies to honor our schools and students, which may include publication of photos, digital images and/or videotaping of students and/or their work. Once released, these images can be posted on non-District Websites and may be accompanied by limited information such as the student's name and class in school. Sharing of this information benefits the District and can benefit individual students; yet carries some risk. While the District cannot guarantee that your child's photo will never appear in local or national publications if you do not want it to (and the District assumes no duty or liability in this regard), the District will notify school staff and try to comply with your wishes.

If you **DO NOT** want your child's photo/video image and/or work to be used as described above, please check below.

- ☐ I do not consent to the display of my child's photo/video image in any local or national media publications.
- ☐ I do not consent to the display of my child's work in any local or national media publications.
- ☐ I do not consent to the release of my child's photo to any outside organization where the photo may end up on a Website.

Parent/Guardian Name (Please Print)

Relationship

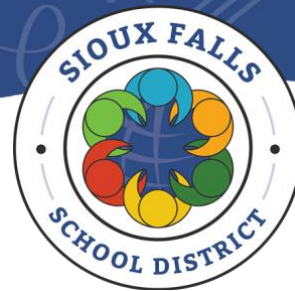
Signature of Parent/Guardian

Date

Student Name (Please Print)

Signature of Student

Date



Student Directory Information

Student Records Policy [JRA/JRA-R](#) identifies the personally identifiable information (PII) the District has identified as “directory information” under the Family Educational Rights and Privacy Act (FERPA), Elementary and Secondary Act of 1965 (ESEA), and South Dakota Codified Law 13-28-50. A copy of the complete policy is available at www.k12.sd.us.

If you **DO NOT** want your child's photo/video image and/or work to be used as described above, please check below.

- ☐ **A. EXCLUDE from Directory Information limited to School Publications (Grades K-12):** (FERPA) **By checking this box**, your student(s) information will **NOT** be included in any of the items listed below. *Information may include: Student name; Parent/guardian name; Dates of attendance; Honors/awards/degrees; Individual/group photographs; Grade level; School attending; Student participation in activities or sports; Information which denotes accomplishments and achievements; Weight and height of athletes.*
- ☐ Annual Yearbook
 - ☐ Graduation Programs
 - ☐ Class Composite Picture
 - ☐ Sports and Activity Programs
 - ☐ Honor Roll or Other Recognition Lists
 - ☐ School Newspaper
 - ☐ Class Rosters which may be posted inside school buildings.
 - ☐ Programs showing a student's role in a music or drama production
- ☐ **B. EXCLUDE from Directory Information for Student Contact Lists and Public Requests (Grades K-12):** (FERPA) **By checking this box**, your student(s) information listed below will **NOT** be included in publications such as a parent/student contact list (e.g. buzz book, school telephone directory, school contact list) and will **NOT** be provided, upon request, to individuals, groups or organizations outside of school (e.g. parent groups [booster groups, PTA], outside organizations serving youth and companies seeking to sell products to students such as photographers and companies that manufacture class rings or supply graduation items).
- ☐ Student's name
 - ☐ Address
 - ☐ Telephone number
 - ☐ School attending
 - ☐ Grade level
- ☐ **C. EXCLUDE from South Dakota Board of Regents/Technical Institute Requests (Grades 7-12 only):** (SDCL 13-28-50) South Dakota school districts are required to provide the Board of Regents, and to each postsecondary technical institute located in the state, with the names and addresses of all students in grades seven through twelve. **Unless you check this box, this information will be released to the Board of Regents.**
- ☐ **D. EXCLUDE from Military Recruiter Requests (Grades 9-12 only):** (ESEA) School districts who receive federal assistance are required to provide military recruiters, upon request, with names, addresses, and phone numbers of all students in grades nine through twelve. **Unless you check this box, this information will be released to Military Recruiters.**

Parent/Guardian Name (Please Print)

Relationship

Signature of Parent/Guardian

Date

Student Name (Please Print)

Signature of Student

Date



Alternative Instruction Semester Grade Verification

The following document will need to be completed at the start of each semester to determine eligibility of the alternative instruction student.

Please check (X) for each requirement that has been fulfilled.

- ☐ Said student has completed and passed 20 hours of high school work per week for the preceding semester. 20 hours is equivalent to four full time academic subjects.
- ☐ Said student will attend a minimum of 20 hours of high school work per week, at the alternate instruction site, during the next semester of the current school year.

Parent/Guardian Name (Please Print)

Relationship

Signature of Parent/Guardian

Date

Student Name (Please Print)

Signature of Student

Date