

Student Name (Please Print) \_\_\_\_\_ SID# \_\_\_\_\_ Grade \_\_\_\_\_

Activity/Sport \_\_\_\_\_  
\_\_\_\_\_



## Athletic Participation Packet

### Sumner Academy Sabres

Atchison Redmen

J.C. Harmon Hawks

F.L. Schlagle Stallions

Washington Wildcats

Wyandotte Bulldogs

### **Please Carefully Read the Following**

The Kansas City Kansas Public School District athletic program is a significant and dynamic part of the total education experience available to students. These programs enhance learning in the school and contribute to a positive school climate. Participation in extra-curricular activities is strongly encouraged because students learn teamwork, develop physically and emotionally, develop a sense of belonging, and enhance their self-image.

Participation in athletics is a privilege and differs from a student's right to a high school general education. Rules and regulations governing each of the various athletic programs have been established to insure fairness to all students and to guarantee that the school image resulting from the students who represent their school is a positive one.

The purpose of this packet is not to burden you with a lot of paperwork. In fact, this booklet consolidates all of the various forms required for participation in our athletic programs into a single packet of information. We feel it is our duty to inform you regarding the risks associated with participation in athletics, transportation issues, etc. Additionally, it will allow you to communicate information to your coach that will allow him/her to better serve your child.

**Please read and sign each form in this packet (Use the following as a checklist)**

<b>Form</b>	<b>Student Read/Signed</b>	<b>Parent Read/Signed</b>
Student Information Sheet		
KSHSAA & District Guidelines		
Athletic Disclosure Statement		
Physical Form		
Concussion Form		
Insurance Form		



## Sumner Academy of Arts and Science

1610 N 8<sup>th</sup> Street

Kansas City, Kansas 66101

Main Office Telephone (913) 627-7200

Main Office Fax (913) 627-7205

### Sumner Academy of Arts and Science Student Information

PLEASE PRINT

Student Full Name (First, Middle, Last):

Birthdate: \_\_\_/\_\_\_/\_\_\_

Age:

Grade Level:

\_\_\_8 \_\_\_9 \_\_\_10 \_\_\_11 \_\_\_12

Date of Physical:

Home Address:

Home Phone #:

Mother's Cell Phone #:

Father's Cell Phone #:

Mother's E-Mail Address:

Father's E-Mail Address:

Mother/Guardian Full Name:

Mother/Guardian Employer:

Mother(Guardian) Work Phone #:

Father/Guardian Full Name:

Father(Guardian) Employer:

Father(Guardian) Work Phone #:

Emergency Contact Name:

Relationship to Student:

Best Phone #:

Emergency Contact Name:

Relationship to Student:

Best Phone #:

INSPIRING EXCELLENCE: EVERY GROWNUP, EVERY CHILD, EVERY DAY

# KSHSAA AND DISTRICT GUIDELINES

Please note the following rules and regulations that govern high school athletics in Kansas and the KCKPS District. The following does not represent all the guidelines; however, they do cover the main features.

## Eligibility Requirements

A student must pass all new classes the previous semester or the last semester of attendance in order to participate in athletics, cheerleading and dance team. Additionally, they must currently be enrolled in, attending, and passing all classes during the present semester in order to participate. If a student becomes ineligible during the competition season he/she must follow the guidelines below:

To re-establish their eligibility, the students have two weeks to improve their grades. **They must bring a signed verification from the teacher who issued the grade stating the grade(s) have improved or they may ask that the teacher's send an email. The verification must be given to the Athletic Director.**

During the period of ineligibility, the student athletes are permitted to practice with their team. However, they are not permitted to participate in any games or contests. The coach must also establish an active student support plan for the ineligible student athletes for this period. If the standards are met, immediate eligibility will be re-established until the next 4.5 week grade check.

Letters will be sent to each parent of each ineligible student athlete outlining the above criteria.

## Age Requirements

A student who reaches nineteen years of age on or before September 1<sup>st</sup> will be ineligible for athletics. Any student who reaches nineteen years of age after September 1<sup>st</sup> will be eligible for the remainder of the school year.

## Outside Competition

An athlete who is a member of an athletic squad cannot participate as a member of an outside team or as an independent competitor in the same sport during the season. Please note that a student becomes a member of a school athletic squad when he or she first participates in a practice session. They cease to be a member of an athletic squad after his or her last contest or when the membership on a squad is terminated.

*Violation of the aforementioned rule could make a student ineligible for the remainder of that athletic season, unless he or she is reinstated by the KSHSAA Executive Board.*

## Private Instruction

A student may receive private instruction (not group instruction) in the same sport from non-school employees during the athletic season. A group is defined as two or more individuals or students.

## Rules Governing Individual Sports

Please note that each individual sport has its own specific rules and guidelines. Please ask your coach to gain familiarity with these regulations.

From the first Tuesday following Labor Day through the last Friday preceding Memorial Day, there are limitations on the number of athletes from the same school squad that may practice or participate together on the same outside team. A player is considered to be a part of a certain school athletic team if he/she enters into a game for any length of time. It is entirely possible, and quite probable, for a player to be a member of two or more squads in the same sport (i.e., if an athlete plays on a junior varsity basketball team but suits up for and enters the last 30 seconds of a varsity contest, they will be considered both a varsity and junior varsity basketball player in the eyes of the state association.

*Violation of the aforementioned rule could make a student ineligible for the remainder of that athletic season unless he or she is reinstated by the KSHSAA Executive Board.*

**Please sign on the line below if you have carefully read and understand the aforementioned rules and regulations.**

Student Athlete signature & Date \_\_\_\_\_

Printed Student Athlete name \_\_\_\_\_

Parent/Guardian signature & Date \_\_\_\_\_

Printed Parent/Guardian name \_\_\_\_\_

# **ATHLETIC DISCLOSURE STATEMENT**

The Student Athlete and Parent/Guardian acknowledge that participation in school sponsored athletic activities has the potential for causing serious injury to a student athlete.

The Student Athlete and Parent/Guardian further acknowledge the importance of following the instruction of the coaches and the written instruction and warnings regarding playing techniques, training methods, rules of the sport and other team rules.

The Student Athlete and Parent/Guardian acknowledge that, in the absence of gross wanton negligence, Unified School District #500 (KCKPS District) may be immune for liability pursuant to the Kansas Tort Claims Act.

Additionally, even if the district is found to be liable, such liability may be limited in accordance with the Kansas Tort Claims Act. We understand that the School District does not assume and may not be liable for injuries resulting from or in connection with participation in any activity related to the Kanas City Kansas Public School District Athletic teams.

Student Athlete signature & Date \_\_\_\_\_

Printed Student Athlete name \_\_\_\_\_

Parent/Guardian signature & Date \_\_\_\_\_

Printed Parent/Guardian name \_\_\_\_\_

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION  
RELEASE FORM  
2018-2019**

**This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>

<b>Signs observed by teammates, parents, and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> </ul>	<ul style="list-style-type: none"> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

Adapted from the CDC and the 3rd International Conference in Sport

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

**Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

**Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

**<http://www.cdc.gov/concussion/HeadsUp/youth.html>**

**<http://www.kansasconcussion.org/>**

For concussion information and educational resources collected by the KSHSAA, go to:

**<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>**

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**PARENTAL INSURANCE INFORMATION AND WAIVER**

STUDENT NAME \_\_\_\_\_

FAMILY PHYSICAL \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

MEDICAL HEALTH INSURANCE COMPANY \_\_\_\_\_

MEMBERSHIP OR GROUP POLICY NUMBER \_\_\_\_\_

EMERGENCY CONTACT OTHER THAN PARENT \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

**PARENTS PLEASE READ CAREFULLY:** The Kansas City, Kansas Public School District does not purchase accident insurance to cover injuries incurred by your child while participating in interscholastic sports. All students participating in interscholastic sports in the Kansas City, Kansas Public School District **must have medical insurance coverage before participating in interscholastic sports, including practices.** The above medical insurance information, a current physical examination, and other athletic forms required by each school, must be on file in the athletic director's office prior to participation in interscholastic sports.

If your child **does not have** medical insurance, be advised that Student Assurance Services, Inc., a private business, provides medical insurance coverage. Information about Student Assurance Services, Inc. medical insurance coverage plan is available at your child's school. Coverage would be for the **2017-2018** school year and is not effective until the enrollment form, along with payment, is received by the schools' athletic director.

**INSURANCE WAIVER**

**PARENT OR GUARDIAN MUST CHECK EITHER 1, 2, OR 3 LISTED BELOW**

\_\_\_\_ 1. My child is insured under the named medical insurance company and membership or group policy number is listed above.

\_\_\_\_ 2. I decline insurance and assume all the risk.

\_\_\_\_ 3. I am insuring my child under the Student Assurance Services, Inc. Insurance program offered through the district. A completed enrollment form with payment is attached.

I, the undersigned, am the parent and/or guardian of the student identified above, have carefully reviewed this document. I understand that accident may occur in athletics even though normal acceptable safety precautions have been taken. I have provided school officials with my child's medical insurance coverage information and a current physical examination. My child is physically able to participate in interscholastic sports and has my permission to practice and compete in the school's interscholastic program.

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

\_\_\_\_\_  
Date

Note: This sheet, along with a current physical examination form and other athletic forms provided by each school, must be on file with the athletic director's office before participation will be allowed.

## Kansas City Kansas USD 500 Concussion Protocol & Policy

If a concussion is suspected in a student athlete by any athletic trainer, the student athlete will need to be seen by a physician (MD/DO) for further evaluation as per the Kansas State High School Activities Association (KSHAA). The student athlete will be placed in a full "Return to Play" (RTP) protocol once asymptomatic. All steps in the RTP will be completed under the supervision of one of the KCK USD 500 athletic trainers. A release form from a physician does not mean the athlete can go back to play immediately, but will serve as clearance to begin the RTP with the athletic trainer. Each student athlete will still need to complete the 5 step RTP protocol as outlined below. The RTP is designed to gradually introduce the student athlete back into play without any symptoms. The athletic trainer will provide full clearance pending successful completion of the RTP protocol. Student athletes will need to report to the athletic trainer each day to monitor their symptoms. Student athletes may not begin the RTP protocol until they are asymptomatic and there will be a minimum of 24 hours between each of the 5 steps. The athletic trainer will spend about 20-30 minutes on each step with the student athlete. The student athlete should remain asymptomatic during and after each step in order to progress to the next step. If the athlete experiences symptoms during activity on any step of the RTP protocol, activity should be stopped. The student athlete must wait 24 hours or until asymptomatic before the RTP protocol can begin again. Pending symptoms and symptom severity, the student athlete may be referred back to their physician for re-evaluation and clearance.

### Return To Play Steps:

**Step 1:** Asymptomatic for 24 hours

**Step 2:** Light aerobic exercise; walking, exercise, no weight lifting (20-30 mins)

**Step 3:** Running with no equipment (20-30 mins)

**Step 4:** Non-contact practice; training drills, full equipment, no live scrimmaging, weight lifting

**Step 5:** Full contact practice; live scrimmaging

By signing below, each student athlete and their parent and/or guardian acknowledge they have read and accept the KCK USD 500 Concussion Policy and understand that all student athletes with suspected concussions must complete the 5-step RTP process before a full return to sports.

---

Student name

---

Parent Name

---

Student signature

---

Date

---

Parent Signature

---

Date



# Pre-Participation Physical Evaluation

# PPE

Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of recent immunizations: Td \_\_\_\_\_ Tdap \_\_\_\_\_ Hep B \_\_\_\_\_ Varicella \_\_\_\_\_ HPV \_\_\_\_\_ Meningococcal \_\_\_\_\_

### PHYSICIAN REMINDERS

**1. Consider additional questions on more sensitive issues**

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?

- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt and use a helmet?

**2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).**

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / ( / ) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Gross Hearing			
Lymph nodes			
Heart * • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic***			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. \*\*Consider GU exam if in private setting. Having third party present is recommended.

\*\*\*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

\*\*\*\*Chart found in: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatric BP mobile application can also be used.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

\*Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and student history and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of healthcare provider (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of healthcare provider \_\_\_\_\_, MD, DO, DC, PA-C, APRN  
(please circle one)

# ATTENTION PARENTS AND STUDENTS

## KSHSAA ELIGIBILITY CHECKLIST

**PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.**

### **NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:**

**BEGINNING SEVENTH GRADER**—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

**BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL**—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

**ENTERING HIGH SCHOOL FOR THE FIRST TIME**—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

## **For Middle/Junior High and Senior High School Students to Retain Eligibility**

**Schools may have stricter rules** than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

**Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.**

**Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

**Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

**Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

**Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

*NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.*

**Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.

**Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

**Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

**Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

*NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.*

**Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

**Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

**Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name \_\_\_\_\_

(PLEASE PRINT CLEARLY)

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (*See KSHSAA Handbook, Rule 7*). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading. **The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable.** The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

## Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

**The above named student and I have read the  
KSHSAA Eligibility Checklist  
and how to retain eligibility information listed in this form.**

### For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on all transfer students.*)

**YES NO**

1.   Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2.   Did you **pass at least five new subjects (those not previously passed)** last semester? (*The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.*)
3.   Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? (*The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.*)
4.   Did you **attend** this school or a feeder school in your district last semester? (*If the answer is "no" to this question, please answer Sections a and b.*)
  - a. Do you reside with your parents?
  - b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

**The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.**

\_\_\_\_\_  
*Parent or Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Birth Date*

\_\_\_\_\_  
*Grade*

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.