

Veritas Christian School

“Home of the Eagles”

Required Athletics Forms



Veritas Christian School

256 N Michigan Street Lawrence, KS 66044

(785) 749-0083

Athletic Director: LoGun Saiz

2020-2021 Forms Deadlines

Fall: Friday, August 7, 2020

Cross Country and Volleyball

Winter: Monday, October 26, 2020

Girls and Boys Basketball, Powerlifting, and Cheer

Spring: Friday, March 5, 2021

Baseball, Track and Field

**VERITAS CHRISTIAN SCHOOL
HEALTH CARE AUTHORIZATION FORM**

I, _____, of _____ (address),
City of _____, County of _____, State of _____, am the
_____ (father/mother or legal guardian) of _____,
a minor, who attends Veritas Christian School, in Douglas County, Kansas or participates
in Veritas Christian School's extra curricular activities.

In the event an unsuccessful attempt by authorized school personnel or a Veritas
parent to contact me at _____ (phone number) or to contact _____
(other parent or guardian) at _____ (phone number), I give my consent for:

1. The administration of any treatment deemed necessary by the attending
physician or dentist.
2. The transfer of the minor to _____ (preferred hospital) or any
hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of
two licensed physicians concurring in the necessity for such surgery are obtained prior to
the performance of such surgery.

Date of birth: _____ Grade: _____

Allergies: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Other pertinent facts to which physician should be alerted: _____

My child has health insurance coverage with:

Name of Provider _____ Policy Number _____

Signature by Parent of Legal Guardian

Dated: _____

The foregoing answers were subscribed and sworn to before me this
_____ day of _____, _____.

Witness Signature

Veritas Christian School
Liability Release

The undersigned parent or guardian of _____
(print student name)

wishes him/her to be accepted for participation in the Veritas Christian School sports program. By allowing this student to participate in this program the undersigned acknowledges that: the sports program will involve exercises and play which are physically demanding and will subject the student to stress, anxiety, and other hazards associated with sports not all of which can be foreseen and may result in serious injury, permanent injury, or death.

The undersigned assumes all the risks associated with a sports program and other risks which are not specifically foreseeable.

The undersigned understands that games will include both home and away games.

The undersigned releases Veritas Christian School, the school board, its faculty, staff, volunteers, and all individuals assisting in instructing and conducting these activities, from all liability of any kind, for all injuries, loss or damage suffered, or in any way, arising from or connected with participation of Veritas Christian School sports or it's facilities.

The undersigned represents that the above named child is sufficiently physically fit to participate in the Veritas sports program.

Executed this _____ day of _____, _____

Parent or Guardian (Print) _____

Mailing Address _____

City _____, State _____, Zip _____

Home # _____, Work # _____, Cell # _____

E-mail address _____

Student's Gr. _____ DOB _____ Student's Cell _____

Student's Email _____ Student's Favorite Candy Bar _____

Signature of Parent or Guardian _____

All participation fees are due no later than 10 days
after the first scheduled practice .



Athletic Department
Veritas Christian School
256 N Michigan St
Lawrence, KS 66044

Athletic Fee Payment Plan Agreement

I, _____, agree to pay my child(ren)'s athletic fees for the Fall, Winter, Spring (circle one) season in the total amount of \$ _____.

I will pay the fees on the payment plan selected below.

Three equal payments in the amount of \$ _____ each.

Individual payments are due on:

- August 15, September 15, and October 15 for Fall sports.
- November 15, December 15, and January 15 for Winter sports.
- March 15, April 15, and May 15 for Spring Sports.

Pay fees in full by:

- August 15 for Fall sports.
- November 15 for Winter sports.
- March 15 for Spring sports.

I understand that a late fee of \$15 will be added to my total amount due each time a payment is not received within three school days of the due date.

Signature

Date

Printed Name

Athletic Mission Statement and Acceptable Conduct

1. The Veritas Athletic Program is committed to glorifying God by pursuing excellence in all team sports by the shaping of our student-athlete's character through the teaching and application of humility, integrity, discipline, hard work, commitment, obedience, and a healthy competitive spirit.
2. The Veritas Athletic program strives to be competitive as competition provides a training ground for life in a challenging, competitive world.
3. Although winning is important, the Veritas Athletic Program is committed to teach the proper motivation for excelling: "And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through Him." Colossians 3:17
4. The Veritas Athletic Program helps student-athletes understand that their self-worth is not based upon their performance.
5. The Veritas Athletic Program also seeks to develop athletes into spiritual leaders who will make a difference in a world that rejects Christ.
6. The Veritas Athletic Program will allow home school athletes to participate. However, the home school athlete must only participate with Veritas for sports that Veritas offers during the academic year unless an exception is approved by the Athletic Committee of the board.
7. We derive the core values of the Veritas Athletic Program from the Mission Statement of the School. Veritas seeks to "provide a Christ centered, biblically based education that nurtures the whole child. We are committed to educate the student spiritually, intellectually, emotionally, socially and physically by applying the principles of the Holy Scriptures to every aspect of life."

MEMBERSHIP PLEDGE

I have read the Veritas Christian School Faith Statement and understand that my athlete(s) will be coached according to the principles in that Statement.

Parent Signature

Date

Veritas Faith Statement

1. We believe the original writings of the Holy Scriptures are the only God-breathed, infallible, written Word of God, the only normative authority for faith and practice, and the supreme standard by which all conduct, creeds, and teachings must be tested.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe that every human, from conception, is wonderfully and immutably created in the image of God, male or female, with a gender that accords with his or her biological sex; that God accordingly designed marriage as a covenantal union of one man and one woman; that every human has sinned against the Creator and deserves his righteous judgement.
4. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
5. We believe that for the salvation of the lost and sinful man, regeneration applied by the Holy Spirit and evidenced by living faith in Christ is absolutely essential.
6. We believe that salvation is by grace through faith alone.
7. We believe that faith without works is dead.
8. We believe in the present ministry of the Holy Spirit, by Who's indwelling the Christian is enabled to live a godly life.
9. We believe in the resurrection of both the saved and the lost- those that are saved unto the resurrection of life and those that are lost unto the resurrection of damnation.
10. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Veritas Christian Athletics

Waiver of Liability

Given the COVID-19 environment, the **Veritas Christian School Athletic department (VCS)** is

Requiring all students participating in Sports programs to adhere to the following safety guidelines and provide the below information in order to reduce the risk or spread of infection.

Parent(s) or guardians must acknowledge the following statements to participate in programming at VCS.

The following activities and programs offered by VCS, on or off site, will be using this waiver. If your student is involved in more than one of the following programs, you need only complete the form once.

- Volleyball (Varsity or Junior High)
- Girls and Boys Cross Country (Varsity or Junior High)
- Girls and Boys Basketball (Varsity or Junior High)
- Powerlifting
- Cheer
- Baseball
- Track and Field (Varsity or Junior High)

PLEASE INITIAL NEXT TO EACH STATEMENT.

I am providing the following information on behalf of _____

(Student name)

_____ My student has not had contact with anyone confirmed with COVID-19 in the past 14 days. At any point in the future, if I have reason to believe my student has come into contact with someone with COVID-19, I agree to immediately notify **VCS staff and keep my student at home.**

_____ My student is not currently experiencing a *fever over 100, difficulty breathing, sore throat, cough, loss of taste, or headache.* At any point in the future, if my student has any of these symptoms, I will notify **VCS staff** immediately. I agree to not allow my student to participate in any **programs** with these symptoms and will wait at least three **(3)** days after symptoms have subsided to return to training or provide **VCS** with a COVID-19 negative test confirmation.

_____ My student has not had any of the following symptoms in the last 14 days: *fever greater than 100 degrees, difficulty breathing, sore throat, cough, loss of taste, or headache.*

If your student has any of the following underlying health conditions or your student lives with someone with these conditions, it is recommended that they do not take part in these programs:

- Chronic heart disease
- Chronic lung disease
- Chronic kidney disease

- Moderate to severe asthma • Obesity • Diabetes
- Reside with a family member with high-risk underlying conditions • Other underlying conditions

I have read the information and answered the questions above to the best of my ability. I agree to continue to adhere to the above safety guidelines as long as my student participates in the VCS programs.

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO CHECK THEIR STUDENT PRIOR TO ATTENDING VCS PROGRAMS, FOR SYMPTOMS OF COVID-19. VCS STAFF WILL MONITOR STUDENTS DURING PROGRAMS FOR SYMPTOMS.

Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is **extremely contagious** and is believed to spread mainly from person-to-person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending **VCS programs** and that such exposure or infection may result in severe illness. I understand that the risk of becoming exposed to or infected by COVID-19 at **VCS programs** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **VCS employees, coaches, volunteers, and program participants and their families.** I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at or participation in **VCS programs ("Claims").** On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless **Veritas Christian School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.** I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of **VCS its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any VCS programs .**

Please fill out this form separately for each student you have participating in our programs.

Student Name _____ Parent Name _____

Address _____

Student Email _____ Parent Email _____

Student Phone _____ Parent Phone _____

Student Date of Birth _____ Grade (for 2020/2021) _____

Parent Signature _____ Date _____

PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

STUDENTS/PARENTS

1. Complete the History Form (pages 1 & 2) portion PRIOR to your appointment with your healthcare provider.
2. Sign the bottom of the History Form (page 2).
3. Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
4. Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
5. Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
6. Review and sign the Concussion and Head Injury Release Form provided by the school.

HEALTHCARE PROVIDERS

1. Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. Complete the Physical Examination Form (page 3) AND SIGN the bottom of page 3.
3. Complete the Medical Eligibility Form (page 4) AND SIGN page 4.

NOTE: Two signatures are required by the healthcare provider!

SCHOOL ADMINISTRATORS

1. Collect the completed PPE forms with the appropriate signatures on pages 2 - 5.
2. Based on your school's policy, determine who is responsible to review and disseminate the student's medical information provided on the form.*
3. Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
4. Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.

* Schools are encouraged to have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

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.





PRE-PARTICIPATION PHYSICAL EVALUATION

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

HISTORY FORM (Pages 1 & 2 should be filled out by the student and parent/guardian prior to the physical examination)

Name Sex Age Date of birth
Grade School Sport(s)
Home Address Phone
Personal physician Parent Email

List past and current medical conditions:
Have you ever had surgery? If yes, list all past surgical procedures:
Medicines and Allergies:
Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking:
Do you have any allergies? Yes No If yes, please identify specific allergy below.
Medicines Pollens Food Stinging Insects
What was the reaction?

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.


Table with 3 columns: Question, YES, NO. Sections include: GENERAL QUESTIONS (4 items), HEART HEALTH QUESTIONS ABOUT YOU (6 items), HEART HEALTH QUESTIONS ABOUT YOUR FAMILY (3 items), BONE AND JOINT QUESTIONS (7 items).

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:		YES	NO	
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
23. Have you ever used an inhaler or taken asthma medicine?				
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?				
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?				
26. Have you had infectious mononucleosis (mono)?				
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?				
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				
If yes, how many?				
What is the longest time it took for full recovery?				
When were you last released?				
29. Do you have headaches with exercise?				
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?				
31. Have you ever become ill while exercising in the heat?				
32. Do you get frequent muscle cramps when exercising?				
33. Do you or does someone in your family have sickle cell trait or disease?				
34. Have you ever had or do you have any problems with your eyes or vision?				
35. Do you wear protective eyewear, such as goggles or a face shield?				
36. Do you worry about your weight?				
37. Are you trying to or has anyone recommended that you gain or lose weight?				
38. Are you on a special diet or do you avoid certain types of foods or food groups?				
39. Have you ever had an eating disorder?				
40. How do you currently identify your gender?	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____			
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)	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 or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
<i>(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes)</i>				
<i>Patient Health Questionnaire Version 4 (PHQ-4)</i>				
FEMALES ONLY:		YES	NO	
42. Have you ever had a menstrual period?				
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?				
44. How old were you when you had your first menstrual period?				
45. When was your most recent menstrual period?				
46. How many menstrual periods have you had in the past 12 months?				

Explain all Yes answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.


 Signature of student-athlete _____ Signature of parent/guardian _____ Date _____

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

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

- | | |
|--|--|
| <ul style="list-style-type: none"> - 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, e-cigarettes, chewing tobacco, snuff, or dip? - During the past 30 days, did you use chewing tobacco, snuff, or dip? | <ul style="list-style-type: none"> - Do you drink alcohol or use any other drugs? - Have you ever taken anabolic steroids or used any other performance enhancing supplement? - Have you ever taken any supplements to help you gain or lose weight or improve your performance? - Do you wear a seat belt, use a helmet and adhere to safe sex practices? |
|--|--|

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).

3. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

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, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)			
Eyes/ears/nose/throat - Pupils equal, Gross Hearing			
Lymph nodes			
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)			
Pulses - Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis			
Neurological***			
Genitourinary (optional-males only)**			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test			

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if in appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) _____ Date _____

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

Address _____ Phone _____

Healthcare Providers: You must complete the Medical Eligibility Form on the following page

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

Adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for non-commercial, educational purposes with acknowledgment.

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of healthcare provider (print or type): _____ Date: _____

X Signature of healthcare provider: _____, MD, DO, DC, or PA-C, APRN

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Parent or Guardian Consent

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.

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.

X Signature of parent/guardian _____ Date _____

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.

ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ (PLEASE PRINT CLEARLY)

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 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 to schools and is available at www.kshsaa.org.

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.

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

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

X Signature of parent/guardian _____ Date _____
 X Signature of student _____ Birth Date _____ Grade _____ Date _____

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.