



Meridian Public Schools

"The Hoof Print" ~ Home of the Mustangs

Mission Statement:

Meridian Public Schools will educate all students in a safe, nurturing environment while challenging them to develop their integrity, knowledge, and unique talents to become responsible, productive citizens.

Newsletter

www.meridianmustangs.org

July, 2021

Newsletter – July, 2021
Superintendent
Randy Kort

SUMMER:

It is hard to believe, but we are down to approximately 7 weeks until school will be starting back up. I hope everyone has taken the time to enjoy some family fun and time away over the summer break. Here at Meridian, the custodial staff continues to clean, paint and update our facility. Their hard work is truly appreciated by everyone.

It has been a great sight to see the changing wheat and knowing it will soon be time to cut. It will change the landscape when it is cut and then the corn really takes off. Please be careful while driving the gravel roads as the intersections are dangerous.

Everyone enjoy your Fourth of July celebrations and have some great family time. Please be mindful of the fireworks and the accidents that may arise while you are watching them.

SUMMER BALL:

The students are still busy during the summer. We continue to cheer on the softball and baseball teams as they prepare for state, league, and end of the year games. A few of the softball teams will be playing at State in Hastings on the weekend of July 16th – 18th. The baseball teams will be finishing their league play the last week of June. Please continue to support our teams.

BUSING:

Parents will be notified of the busing schedules in early August.

SCHOOL WEBSITE:

Stay updated with District news by visiting the Meridian Public Schools website (www.meridianmustangs.org).



Board of Education Meridian Public Schools District – 48-0303 Daykin, Nebraska, 68338 Monday, June 21, 2021 Regular June 21, 2021 Meeting 5:30 P.M.

Meridian Public School Board of Education met on June 21, 2021, as per notice in the Fairbury Journal-News.

President Bartels called the meeting to order at 5:30 p.m. The open meeting law information was presented.

Roll call was taken: Niederklein – present, Rut – present, Scheer – present and Bartels – present. Also present was Superintendent Kort.

Nothing new was added to the agenda.

Niederklein moved and Scheer seconded to excuse Sobotka and Vorderstrasse from the meeting. Vote taken: Niederklein – aye, Rut – aye, Scheer – aye and Bartels – aye. Motion passed 4-0.

No comments were heard from the public.

Niederklein moved and Rut seconded to approve the consent agenda as presented.

- A: Minutes of Monday, May 17, 2021 Regular Meeting
- B: District Financial Report
- C: Activity Fund Report
- D: Hot Lunch Fund Report
- G: Bills

Vote taken: Niederklein – aye, Rut – aye, Scheer – aye and Bartels – aye. Motion passed 4-0.

Curriculum report:

- Preparations are being made to implement the Ridder Classroom Spanish program.
- Mary Ruiz continues to work on getting the paperwork processed to return to Meridian.

Scheer moved and Rut seconded to

approve Dana Cole as the auditors for the 2020-2021 budget year. Vote taken: Niederklein – aye, Rut – aye, Scheer – aye and Bartels – aye. Motion passed 4-0.

Rut moved and Scheer seconded to approve lunch prices for the 2021-2022 school year the same as the prices have been for the past few years. The prices are as follows: Breakfast: Adults \$2.00, 7-12 - \$1.55 and PK-6 - \$1.30. Lunch: Adults - \$3.50, 7-12 - \$2.70 and PK-6 - \$2.60. Vote taken: Niederklein – aye, Rut – aye, Scheer – aye and Bartels – aye. Motion passed 4-0.

Niederklein moved and Rut seconded to approve the SNRP Deaf or Hard of Hearing Agreement. Vote taken: Niederklein – aye, Rut – aye, Scheer – aye and Bartels – aye. Motion passed 4-0.

Scheer moved and Niederklein seconded to approve the Policy 1000s. Vote taken: Niederklein – aye, Rut – aye, Scheer – aye and Bartels – aye. Motion passed 4-0.

Rut moved and Scheer seconded to approve the 2021 District Census. Vote taken: Niederklein – aye, Rut – aye, Scheer – aye and Bartels – aye. Motion passed 4-0.

Principal's Report:

- Estimated student count for the 2021-2022 school year as of June 21, 2021: 104 Elementary Students; 98 Junior High and High School Students
- Graduation was held on Saturday, May 15 at 2pm. All twelve students graduated and participated in the ceremony.
- We will have 3 new teachers for the 2021-2022 school year. Mr. Bryan Becker will teach 5th grade. Mrs. Sarah Thomas will teach elementary SPED. Mr. Jacob Nore will teach secondary social studies. We welcome you to Meridian!
- Mr. Trevor Hoins and Mr. Lawrence VanderSchaaf have accepted teaching positions in other school districts.
- We have approximately 16 students attending summer school in June & July.



Superintendent's Report:

- Update on summer projects
 - New concrete in front of the school, at the pole vault and high jump areas
 - Painting ceiling, bleachers, gym wall and other typical touch ups
- Summer Weights – consistently 20 girls and 14 boys in attendance
- Spring break dates for the 2021-2022 school year will go back to Thursday-Friday
- Quote from Heartland Communications to replace wiring and install new cameras

Next Regular Meeting was set for Monday, July 12, at 6:00 p.m.

Scheer moved and Rut seconded to adjourn at 6:18 p.m. Vote taken: Niederklein – aye, Rut – aye, Scheer – aye and Bartels – aye. Motion passed 4-0.

Jamie Niederklein,

Secretary Meridian District #48-030



Graduation was held on Saturday, May 15, at 2pm. All twelve students graduated and participated in the ceremony.

Estimated enrollment numbers for 2021-2022 school year (as of 6-21-21):

PreK	2	7th	13
Kindergarten	19	8th	19
1st	15	9th	19
2nd	9	10th	11
3rd	17	11th	18
4th	15	12th	15
5th	12		95
6th	15	Exchange	3
	104 -3		98 +4

Grand Total 202 (+1 from March 2021)

We will have 3 new teachers for the 2021-2022 school year. Mr. Bryan Becker will teach 5th grade. Mrs. Sarah Thomas will teach elementary SPED. Mr. Jacob Nore will teach secondary social studies. We welcome you to Meridian!

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2021-2022 PHYSICALS

Jefferson Community Health and Life Fairbury Clinic will be offering sports physicals to students of any grade by appointment. Kindergarten, 7th Grade, foreign exchange students, and students who move to our district from out of state are also required to have Nebraska physicals, and State school immunization requirements must be met. In addition to a physical, Kindergarten, foreign exchange students, and students who move to our district from out of state will need an eye exam. Please call 402-729-3361 to schedule your appointment. Physicals must be completed before August 1, 2021. **Students must bring all forms with their name and date of birth on each as indicated - including the medical history form. These forms also require a signature by a parent or guardian. If a student comes to their appointment without completed forms, they will need to reschedule their physical.**

The price of each physical without insurance will be \$80 with an additional \$6 charge if a urine sample is required (7th Grade and Kindergarten). If you would like this run through your insurance as a Well Child Check, make sure you have not submitted a Well Child Check within this calendar year and notify the clinic at the time of scheduling. If urine is required, please pick up a sterile cup from the clinic ahead of time.

Physical forms can be found at the back of this newsletter, at the District Office of Meridian Public Schools, or on the NSAA website (nsaa.home). **Please fill out all of the attached forms. You need to include a signed NSAA Parent and Student Consent form when you turn your physicals in to the school. Student athletes are NOT allowed to play without a completed consent form on file at the school.**

DAYKIN COMMUNITY GARAGE SALE

The Daykin Community Garage Sale has been scheduled for August 13th and 14th, 2021. If you are interested in participating please contact Mary Heidemann at 402-587-0177.

CORNHOLE TOURNAMENT

The Alexandria Presbyterian Church is sponsoring a Cornhole Tournament on Saturday, July 10th, 2021. The games will begin at 2:00 p.m. at the Alexandria Community Building. Valentino's pizza will be available and sold by the slice. For more information, please contact Ross Barton (402-239-8650) or Jordan Wagner (402-768-1736).

Happy 4th of July.



to all my friends!!



2021-2022 MERIDIAN SCHOOL SUPPLY LIST

Pre-K

- ◇ 1 Box of Kleenex
- ◇ 1 Containers of Disinfectant Wipes
- ◇ Book Bag
- ◇ 1 - 30" x 54" Bath Towel (for quiet time)
- ◇ Non-Marking Gym Shoes with Velcro or Elastic Straps
- ◇ 1 Complete change of clothes in a plastic bag labeled with the child's name to be kept at school in case of accidents or spills.

Optional:

- ◇ Water Bottle
 - ◇ 1 Bottle Hand Sanitizer
 - ◇ Light Jacket or Sweater for Use in Classroom
 - ◇ 1 Container Baby Wipes - for Hands and Face
- Please put your child's initials on the items they bring.*

2nd Grade

- ◇ Pencils
- ◇ Eraser
- ◇ Crayons (24 - 48 Count)
- ◇ Markers
- ◇ 1 Box of Facial Tissue
- ◇ Scissors
- ◇ Book Bag
- ◇ P.E. Shoes (no dark soles)
- ◇ 1 Pocket Folder
- ◇ Paint Shirt
- ◇ 2 Containers Clorox Wipes
- ◇ Earbuds
- ◇ Pencil Box or Container (make sure it will fit in your desk)

Optional:

- ◇ Colored Pencils
 - ◇ Ruler
 - ◇ Glue Sticks
- Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.*

5th Grade

- ◇ 12 - #2 Wooden Pencils
- ◇ 3 Jumbo Book Covers
- ◇ 1 Box Facial Tissue
- ◇ 4 Notebooks
- ◇ 2 Pocket Folders
- ◇ 1 Box Colored Pencils
- ◇ 1 Set of Dry Erase Markers
- ◇ Book Bag
- ◇ PE Shoes - Non-Marking
- ◇ 1 Set Earbuds/Headphones
- ◇ 2 Blue or Black Pens
- ◇ 2 Highlighters
- ◇ 1 Pencil Eraser

Kindergarten

- ◇ 2 Boxes of Facial Tissue
- ◇ Non-Marking Gym Shoes - Velcro PLEASE
- ◇ Backpack/Book Bag
- ◇ 3 Large Containers Disinfectant Wipes
- ◇ 1 Complete change of clothes in a plastic bag labeled with the child's name to be kept at school in case of accidents or spills.
- ◇ 1 Paint Smock - Plastic/Vinyl (if possible)

Optional:

- ◇ Small travel pillow if your child wants one for rest time. ***This will only be used the FIRST QUARTER.***
- Please label items you send with your child's name.*
- Please DO NOT send your child in tie shoes (especially for PE) if they are unable to tie their own shoes.*

3rd Grade

- ◇ 4 Glue Sticks
- ◇ Pencil Case or Box
- ◇ 1 - 1" Black Binder
- ◇ 2 Yellow Highlighters
- ◇ Pencils
- ◇ Erasers
- ◇ Loose Leaf Paper
- ◇ Markers
- ◇ AT LEAST 4 Expo Markers (any color)
- ◇ Colored Pencils
- ◇ Scissors
- ◇ Backpack/Book Bag
- ◇ Ear Buds
- ◇ Paint Shirt
- ◇ P.E. Shoes (no dark soles)
- ◇ Boxes of Tissue
- ◇ Germ-X
- ◇ Clorox Wipes

Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.

6th Grade

- ◇ 12 Pencils
- ◇ Eraser
- ◇ Book Bag
- ◇ PE Shoes – NON-MARKING
- ◇ 2 Notebooks
- ◇ 6 Pocket Folders
- ◇ Dry Erase Markers
- ◇ 1 Composite Book
- ◇ Earbuds/Headphones
- ◇ 1 Trapper/Keeper
- ◇ 2 Highlighters

1st Grade

- ◇ #2 Pencils
 - ◇ Crayons (24 – 48 Count)
 - ◇ Erasers - Pencil Top and Large
 - ◇ Scissors
 - ◇ Large Pencil Box or Bag
 - ◇ Crayola Markers
 - ◇ 2 Boxes of Facial Tissue
 - ◇ 1 Container Clorox Wipes
 - ◇ Hand Sanitizer
 - ◇ 4 Jumbo Glue Sticks
 - ◇ 2 Folders with Pockets
 - ◇ 1 Subject Wide Ruled Spiral Notebook
 - ◇ Book Bag
 - ◇ Non-Marking Gym Shoes
 - ◇ Paint Shirt
- Please label items you send with your child's name.*
- Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.*

4th Grade

- ◇ 1 Box Facial Tissue
- ◇ 1 Hand Sanitizer
- ◇ 2 Pocket Folders
- ◇ 1 Pencil Pouch
- ◇ Earbuds
- ◇ 24 - #2 Pencils
- ◇ 2 Blue or Black Pens
- ◇ 2 Red Pens
- ◇ 2 Wide Ruled Notebooks
- ◇ 2 Clorox Wipes
- ◇ 3 Glue Sticks
- ◇ 6 Pink Erasers
- ◇ 1 Set of Water Colors
- ◇ Non-Marking PE Shoes

7th Grade Social Studies

- ◇ 1 - 1/2" or 1" 3-Ring Binder
- ◇ 1 Package of 5 Tab Dividers

7th - 12th Grade Math Classes

- ◇ Scientific Calculator (If your child does not own a scientific calculator, please consider buying them one for the upcoming school year. A preferred calculator among many of the students is a Texas Instruments (TI-30XIIS.)



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of 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 or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would 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 illness?				
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? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
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 age 35 years (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 an implanted defibrillator before age 35?				



PREPARTICIPATION PHYSICAL EVALUATION
ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

Table with 16 rows of questions and 2 columns (Yes/No). Questions include: 1. Type of disability, 2. Date of disability, 3. Classification, 4. Cause of disability, 5. List the sports you are playing, 6-16. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? Do you use any special brace or assistive device for sports? Do you have any rashes, pressure sores, or other skin problems? Do you have a hearing loss? Do you use a hearing aid? Do you have a visual impairment? Do you use any special devices for bowel or bladder function? Do you have burning or discomfort when urinating? Have you had autonomic dysreflexia? Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness? Do you have muscle spasticity? Do you have frequent seizures that cannot be controlled by medication?

Explain "Yes" answers here.

Blank lines for explaining "Yes" answers.

Please indicate whether you have ever had any of the following conditions:

Table with 17 rows of conditions and 2 columns (Yes/No). Conditions include: Atlantoaxial instability, Radiographic (x-ray) evaluation for atlantoaxial instability, Dislocated joints (more than one), Easy bleeding, Enlarged spleen, Hepatitis, Osteopenia or osteoporosis, Difficulty controlling bowel, Difficulty controlling bladder, Numbness or tingling in arms or hands, Numbness or tingling in legs or feet, Weakness in arms or hands, Weakness in legs or feet, Recent change in coordination, Recent change in ability to walk, Spina bifida, Latex allergy.

Explain "Yes" answers here.

Blank lines for explaining "Yes" answers.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

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, e-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-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 use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

Table with columns: EXAMINATION, MEDICAL, MUSCULOSKELETAL, NORMAL, ABNORMAL FINDINGS. Rows include: Height, Weight, BP, Pulse, Vision, Corrected, Appearance, Eyes, ears, nose, and throat, Lymph nodes, Heart, Lungs, Abdomen, Skin, Neurological, Neck, Back, Shoulder and arm, Elbow and forearm, Wrist, hand, and fingers, Hip and thigh, Knee, Leg and ankle, Foot and toes, Functional.

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.
Parent or Legal Guardian Signature _____ Date _____



■ PREPARTICIPATION 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. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. 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 health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



To be completed for students participating in any NSAA activities.

Student and Parent Consent Form



School Year: 20 ____ -20 ____
Member School: _____
Name of Student: _____
Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID 19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

Name of Student [Print Name] _____ Student Signature _____ Date _____

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Table with 8 columns: Baseball, Basketball, Bowling, Cross Country, Debate, Football, Golf, Journalism, Music, Play Production, Soccer, Softball, Speech, Swim/Dive, Tennis, Track & Field, Unified Bowling, Unified Track & Field, Volleyball, Wrestling

Table with 3 columns: Parent(s)/Guardian Printed Name(s)*, Parent/Guardian Signature, Date of Signature

*Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the student is not living with parents, the student's legal guardian. Revised June 2020




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