



# 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](http://www.meridianmustangs.org)

June, 2023

Newsletter - May, 2023  
Superintendent  
Randy Kort

The 2022-2023 school year has been completed. During the past few weeks, it has been fun to see everyone's excitement for our graduating seniors. As I am driving to work, seeing the crops starting to shoot up and everything is looking nice and green, I think how this is such a great time to be in education. We have helped start the roots of our graduates and now release them and watch them grow. I have personally had my oldest daughter graduate from UNO. It has allowed me to reflect on the various schools she has attended and how she and her sister tell me how Meridian was the place they excelled, and where they felt at home. I hope everyone reading this and having an association with Meridian takes pride in all of our graduates both current and past.

State track was held on May 19 and 20 with Kaylee Pribyl winning **2 gold medals**. She won the pole vault at 11' and long jump at 17', and she was the anchor in the 4x100. What a great way to conclude your senior year. Others competing at state were Coby Huls - 2 mile, Colby Smith - high jump, Dylan Peterson - 1 mile, Kailyn Paul - high jump, McKenzie Hofstetter - triple jump and 4x800, Taelyn Filipi - 4x800 and 4x100, Tyleiah Gooding - 4x100, Braxton Rut - 4x100, Maria Dimas - 4x800, and Evelyn Woitalewicz - 4x800.

Please continue to support our students during the summer as baseball and softball seasons have begun and will continue through June and early July.



### Summer School Dates:

June 6, 7, 13, 14, 20, 21, 27, 28  
July 11, 18

### Public Notice:

On June 5, 2022, at 11:30 a.m., a meeting conducted by Meridian Public School will take place in Room 113 at Meridian Public School. The purpose of the meeting will be to provide an opportunity for parents and representatives of nonpublic schools to participate in the development of a plan for providing special education services to children with disabilities who attend nonpublic schools and home-schools which are within the Meridian Public School district for the 2023-2024 school year. Parents of a homeschooled child or a child attending a nonpublic school who has been, or may be, identified with a disability and attend a nonpublic school within the boundaries of Meridian Public School, are urged to attend. If you have further questions pertaining to this meeting, please contact Randy Kort at 402-446- 7265.

**Board of Education  
Meridian Public Schools  
District - 48-0303  
Daykin, Nebraska, 68338  
Monday, May 15, 2023**

### Regular May 15, 2023 Meeting

Meridian Public School Board of Education met on May 15, 2023, as per notice in the Fairbury Journal-News.

President Bartels called the meeting to order at 6:37 p.m. The open meeting law information was presented.

Roll call was taken: Barton - present, Niederklein - present, Sobotka - present, Rut - present, Scheer - present, and Bartels - present. Also present were Superintendent Kort and Ms. Drees.

Nothing new was added to the agenda.

Comments were heard from the public.

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

- A. Minutes of the Monday, April 17, 2023 Regular Meeting
- B. District Financial Report
- C. Activity Fund Report
- D. Hot Lunch Fund Report
- E. Bills

Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Scheer - aye, and Bartels - aye. Motion passed 6-0.

Superintendent Kort presented the Curriculum Report to the Board.

Superintendent Kort recognized the State Track qualifiers. The boys who qualified were Coby Huls, Dylan Peterson, and Colby Smith. The girls were Saege Barnell, Maria Dimas, Taelyn Filipi, Tyleiah Gooding, McKenzie Hofstetter, Kailyn Paul, Kaylee Pribyl, Braxton Rut, and Evelyn Woitalewicz.

Jack Moles, a representative from Nebraska Rural Community Schools Association (NRCSA), gave an update to the Board on what the goals of NRCSA are, the relationship between NRCSA and the Board, benefits of membership and, how NRCSA represents the rural schools in the legislature.

Superintendent Kort gave an update on admission prices for the CRC and MUDECAS for the upcoming year. Following discussion, Barton moved and Sobotka seconded to set the prices for the 2023-2024 activities to \$6 for adults and \$4 for students. Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Scheer - aye, and Bartels - aye. Motion passed 6-0.

Superintendent Kort updated the Board on changes to the format for the CRC volleyball and basketball tournaments for the 2023-2024 school year.

Superintendent Kort updated the Board on the results of the survey completed with the high school female students to see how much interest there was in



having girls wrestling at Meridian. There is interest from a number of female students. This item will be addressed at an upcoming meeting.

Superintendent Kort informed the Board that the milk bid from Highland Dairy has increased from 35 cents per carton of white milk to 37 cents per carton. Niederklein moved and Rut seconded to approve the bid from Highland Dairy for the 2023-2024 school year. Vote taken: Barton – aye, Niederklein – aye, Sobotka – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 6-0.

Ms. Drees presented the Principal's Report to the Board.

Superintendent Kort presented the Superintendent's Report to the Board.

The next regular meeting was set for Monday, June 19, 2023, beginning at 6:30 p.m.

Sobotka moved and Scheer seconded to adjourn at 7:45 p.m. Vote taken: Barton – aye, Niederklein – aye, Sobotka – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 6-0.

*Jamie Niederklein,*

Secretary Meridian District #48-0303



At the graduation ceremony held on May 13th, I announced the local scholarship winners. I would like to thank all of the donors of these scholarships for so generously contributing to the post-secondary education of our students. New scholarships are always welcome so please contact the counseling office if you are interested in providing a scholarship for future classes. This is the list of the local scholarship winners for the Class of 2023.

**Meridian Partners in Education Scholarship:**

Bailey Holtmeier, Kaylee Pribyl, Chase Bartels

**Meridian Foundation Scholarship:**  
Chase Bartels, Bailey Holtmeier, Dylan Peterson, Kaylee Pribyl, Jaslyn Ward

**Meridian Education Association Scholarship:**  
Jaslyn Ward

**Meridian Alumni Scholarship:**

Bailey Holtmeier

**Daykin Legion & Auxiliary Scholarship:**

Bailey Holtmeier, Kailyn Paul

**LaVerne & Florence Schweer Memorial Scholarship:**

Kaylee Pribyl

**The Achiever Scholarship (Gary Johnson Family):**

Dylan Peterson

**Western Community Club**

Kaylee Pribyl and Alyssa Haake

**Crossroads Conference Scholarship:**

Kaylee Pribyl

**The Resilience Scholarship:**

Dylan Peterson

**MUDECAS Scholarship (David Endorf Sportsmanship Award):**

Bailey Holtmeier

**Peyton VanWesten Memorial Scholarship**

Bailey Holtmeier

**Otto and Betty Uher Memorial Scholarship**

Bailey Holtmeier and Kaylee Pribyl

**Class of 2020 Scholarship in Memory of Peyton VanWesten**

Kaylee Pribyl and Dylan Peterson

**The Kathy Houser "Pay It Forward" Scholarship**

Kaily Paul, Dylan Peterson, Andon Sales, Schyler Schwisow, Jaslyn Ward

**Odds & Ends:** Final report cards have been mailed (if you haven't received one, contact the school). Students in grades 9-11 put in their request for classes for next year. Your student should have received their next years schedule with their report card. We will also send home their schedule this summer with information for the 2023-2024 school year. After schedules are mailed, changes to your child's 2023-2024 class schedule can be made in August during the Drop/Add day. Keep an eye on the August calendar for this and other important beginning of school dates.

**STATE TRACK**

Meridian had 11 athletes compete in the State Track Meet at Omaha Burke on May 19 and 20. Our girls accumulated 20 points to place 12th in the state. Our state qualifiers were as follows:

**Kaylee Pribyl**  
Pole Vault - 1st (11')  
Long Jump - 1st (17')  
**Kailyn Paul**  
Girls' High Jump

**Colby Smith**

Boys' High Jump

**McKenzie Hofstetter**

Triple Jump

**Dylan Peterson**

1600 M Run

**Coby Huls**

3200 M Run

**Taelyn Filipi, Maria Dimas, Evelyn**

**Woitalewicz, McKenzie Hofstetter**

4 x 800

**Tyleiah Gooding, Taelyn Filipi,**

**Braxtyn Rut, Kaylee Pribyl**

4 x 100

Congratulations to our coaching staff and all state qualifiers.

**2023-2024 PHYSICALS**

Jefferson Community Health and Life Fairbury Clinic will be offering sports physicals to students of any grade by appointment. On July 6 and July 25, from 4:40 p.m. to 6:40 p.m., Fairbury Clinic is offering evening appointments. If you would like to take advantage of the evening schedule, please call 402-729-3361 during regular business hours and make your appointment. If the evening appointments on July 6 and 25 do not fit your schedule, an appointment may be made on any date during regular business hours. Kindergarten students, 7th Grade students, foreign exchange students, and students who move to our district from out of state are also required to have State school immunization requirements met and Nebraska physicals. 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 during regular business hours to schedule your appointment. Physicals must be completed before August 1, 2023. **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 students come to their appointments without completed forms, they will need to reschedule their physicals.**

The price of each physical without insurance will be \$104 with an additional \$36 charge if a urine sample is required (7th Grade and Kindergarten). If you would like this ran through your insurance as a Well Child Check, make sure you have not



submitted a Well Child Check within a 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 (nsaahome.org). 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.

**SUMMER BASKETBALL SCHEDULE**

**Team Camp Practice** (for ALL incoming 9th-12th graders):  
June 12-13 from 8:00-10:00  
**Cross County Team Camp:** June 14  
Leave school at 8:00  
**Concordia Team Camp:** June 15  
Leave school at 7:45 am

**Daykin Community Garage Sales**

The Daykin Community Garage Sales have been scheduled for **Thursday, August 10, from 2 p.m. - 7 p.m. and Friday, August 11, from 9 a.m. - 7 p.m.** (Note the change of dates from previous years.) Maps with locations and items for sale will be printed by August 1st and will be available at the Daykin Country Store and all participating locations. Contact Mary Heidemann at 402-587-0177. There is no charge for participating.



**Attention All Mini-Mustangs**

**Basketball Skills Camp!!**



**When: June 19-21st**  
**Time: 8:00- 10:00 am**

**Who: 3<sup>rd</sup>-6<sup>th</sup> Grade Boys**

**Where: Practice or Main Gym at Meridian**

**Cost: \$30.00**

**Come play with your friends and learn some new skills at the same time. We will be focusing on ball handling, passing, footwork, defense, and proper shooting techniques. You do not need to preregister to attend. Just show up on the 19<sup>th</sup> with the contact sheet below and your payment and you are in!! Hope to see everyone there!!**

**Name of Student:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**Parent Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



# High School Volleyball Skills Camp

## June 1<sup>st</sup> - 2<sup>nd</sup>



<p><b>9:00 - 11:30</b></p> <p><b>12:30 - 3:00</b></p>
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Camp is designed to focus on basic volleyball fundamentals, techniques of each skill, team-building activities, components of a strong work-ethic & enjoying competition with teammates! Coach Kelsea Blevins has coached at the High School Level, was a Grad Assistant with Hastings College Volleyball and works Summer Camps at UNL with the Huskers. Please fill out bottom of this page and return it to the office.

Cost of camp is \$50 /athlete for 10 hours of high school training.

If questions, contact Coach Kelsea Blevins at 402.274.7753.

\* Checks can be made out to "Blevins VB Camps." Remember to bring a water bottle!

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**Student Name** \_\_\_\_\_ **Grade (Fall '23)** \_\_\_\_\_

I give permission for my daughter to participate in Summer Skills Camp. I know of no condition that would prevent my daughter from participating in the activities. I waive and release any and all rights and claims for damages I may have against Meridian Schools, Coach Blevins or any of their representatives for any damages that may be sustained or suffered during the camp. I realize insurance is not provided by Meridian Schools and therefore I assume all risk of injury.

Parent Name (please print) \_\_\_\_\_

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

Date \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_



### 2023 Meridian Softball Schedule

June 2nd (Friday)

8's Meridian @ McCool 6:00 p.m. @ McCool  
 10's Meridian @ McCool 7:00 p.m. @ McCool  
 12's Meridian @ McCool 8:15 p.m. @ McCool

June 7th (Wednesday)

8's Meridian @ Geneva 6:00 p.m. @ Geneva  
 10's Meridian @ Geneva 7:00 p.m. @ Geneva  
 12's Meridian @ Geneva 8:15 p.m. @ Geneva

June 14th (Wednesday)

8's Geneva 2 vs Meridian 6:00 p.m. @ Meridian  
 10's Geneva 2 vs Meridian 7:00 p.m. @ Meridian  
 8's Geneva 2 vs Meridian 8:15 p.m. @ Meridian

League Tournaments:

8's June 16-18 @ Wilber/Plymouth  
 12's June 16-18 @ Geneva

June 5th (Monday)

8's Meridian @ BDS 5:00 p.m. @ Shickley  
 10's Meridian @ BDS 6:00 p.m. @ Shickley  
 8's Meridian @ BDS 7:00 p.m. @ Shickley  
 12's Meridian @ Wilber 8:15 p.m. @ Shickley

June 12th (Monday)

8's Hebron vs Meridian 6:00 p.m. @ Meridian  
 10's Hebron vs Meridian 7:00 p.m. @ Meridian  
 8's Hebron vs Meridian 8:15 p.m. @ Meridian

June 19th (Monday)

10's Meridian @ Geneva 6:00 p.m. @ Geneva

June 21st (Wednesday)

10's DeWitt vs Meridian 6:00 p.m. @ Meridian

10's June 23-25 @ Friend  
 14's June 23-25 @ BDS - Shickley

## 18U SOFTBALL SCHEDULE

JUNE 6TH @ BLUE SPRINGS: TRIANGULAR: Start - 5:30 p.m.  
 JUNE 9TH - JUNE 11TH: DISTRICTS @ HASTINGS: TBA  
 JUNE 14TH @ PLYMOUTH: TRIANGULAR: Start - TBA  
 JUNE 22ND @ HASTINGS: TRIANGULAR: Start - TBA  
 WEEK OF JUNE 26TH: TOURNAMENT @ GENEVA  
 JULY 7TH - 9TH CLASS C STATE SOFTBALL: TOURNAMENT @ HASTINGS  
 JULY 14TH - 16TH CLASS D STATE SOFTBALL: TOURNAMENT @ HASTINGS

GAME 1	GAME 2	GAME 3
Meridian/Blue Springs	Meridian/Geneva	Blue Springs/Geneva
TBD		
TBD		

## 2023 MERIDIAN COACH PITCH SCHEDULE

ALL GAMES WILL HAVE A START TIME OF 6:00 P.M.— PLAYERS NEED TO ARRIVE BY 5:30 P.M. FOR WARMUPS  
 PLEASE REMEMBER YOUR GLOVE AND BATTING HELMET

JUNE 5TH: FAIRBURY SHELTER VS MERIDIAN @ FAIRBURY  
 JUNE 7TH: GENEVA 2 VS MERIDIAN @ TOBIAS  
 JUNE 12TH: FAIRBURY PRECISION VS MERIDIAN @ TOBIAS

## 2023 MERIDIAN SFS SCHEDULE

MAY 30TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	*MERIDIAN	PLYMOUTH B	5:50
AMERICAN	MERIDIAN	WILBER WHITE	7:00
NATIONAL	MERIDIAN	BYE	N/A

JUNE 1ST			
	AWAY	HOME	FIRST PITCH
PEEWEEES	MERIDIAN	FRIEND WHITE	5:50
AMERICAN	MERIDIAN	FRIEND RED	7:00
NATIONAL	MERIDIAN	FRIEND RED	8:30

JUNE 6TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	WILBER BLACK	MERIDIAN	5:50
AMERICAN	WILBER BLACK	MERIDIAN	7:00
NATIONAL	WILBER BLACK	MERIDIAN	8:30

JUNE 8TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	DEWITT	MERIDIAN	5:50
AMERICAN	DEWITT	MERIDIAN	7:00
NATIONAL	GENEVA PURPLE	MERIDIAN	8:30

JUNE 13TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	PLYMOUTH A	MERIDIAN	5:50
AMERICAN	FAIRBURY A	MERIDIAN	7:00
NATIONAL	FAIRBURY	MERIDIAN	8:30

JUNE 15TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	MERIDIAN	GENEVA WHITE	5:50
AMERICAN	MERIDIAN	GENEVA PURPLE	7:00
NATIONAL	MERIDIAN	GENEVA PURPLE	8:30

JUNE 20TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	FAIRBURY B	MERIDIAN	5:50
AMERICAN	FAIRBURY B	MERIDIAN	7:00
NATIONAL	FAIRBURY	MERIDIAN	8:30

JUNE 22ND			
	AWAY	HOME	FIRST PITCH
PEEWEEES	MERIDIAN	BYE	N/A
AMERICAN	MERIDIAN	PLYMOUTH A	7:00
NATIONAL	MERIDIAN	PLYMOUTH	8:30

\*NOTE: ON MAY 30TH PEEWEE TEAM WILL PLAY PLYMOUTH B IN WILBER



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.)

Table with 5 columns: Problem, Not at all, Several days, Over half the days, Nearly every day. Rows include: Feeling nervous, anxious, or on edge; Not being able to stop or control worrying; Little interest or pleasure in doing things; Feeling down, depressed, or hopeless.

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

Table with 3 columns: Question, Yes, No. Section: GENERAL QUESTIONS (3 questions), HEART HEALTH QUESTIONS ABOUT YOU (4 questions).

Table with 3 columns: Question, Yes, No. Section: HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) (2 questions), HEART HEALTH QUESTIONS ABOUT YOUR FAMILY (3 questions).





■ PREPARTICIPATION PHYSICAL EVALUATION

**ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY**

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

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "Yes" answers here.**

\_\_\_\_\_  
\_\_\_\_\_

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

	Yes	No
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.**

\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

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■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

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

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

\_\_\_\_\_  
\_\_\_\_\_

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

	Yes	No
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.

\_\_\_\_\_  
\_\_\_\_\_

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

**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 and activity participation;
(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and activities rules of the NSAA member school for which the Student is participating;
(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 athletics, weight and height 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;
(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 athletics and 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 athletics and 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 7 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.

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