



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, 2023

Newsletter - July, 2023
 Superintendent
 Randy Kort

It is hard to believe that we are entering half way through summer. I hope everyone has had an opportunity to spend time with their families over the past month. Please make sure to plan another get away as the students will be back in school starting the 16th of August.

We want to welcome the new staff as they are moving and becoming involved with our communities.

BUSING

Parents will be notified of the busing times and routes the second week of August.

PHYSICALS

Reminder that if you have not had your student athlete in for a physical please get that scheduled before the start of school.

POSITIONS

We are looking for a bus driver to help with routes. If you are interested please call Mr. Kort at 402-446-7265 Ext 1112.

SCHOOL WEBSITE

Stay updated with the 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 19, 2023

Regular June 19, 2023 Meeting

Meridian Public School Board of Education met on June 19, 2023, as per notice in the Fairbury Journal-News. President Bartels called the meeting to order at 6:31 p.m. The open meeting law information was presented.

Roll call was taken: Barton – present, Niederklein – present, Rut – present, Scheer – present, and Bartels – present. Also present were Superintendent Kort, Principal Drees, and Principal Hull.

Niederklein moved and Scheer seconded to excuse Sobotka from the meeting. Vote taken: Barton – aye, Niederklein – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 5-0.

Nothing new was added to the agenda.

No comments were heard from the public.

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

- A. Minutes of the Monday, May 15, 2023 Regular Meeting
- B. District Financial Report
- C. Activity Fund Report
- D. Hot Lunch Fund Report
- E. Bills

Vote taken: Barton – aye, Niederklein – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 5-0.

Principal Kort presented the Curriculum Report to the Board.

Scheer moved and Rut seconded to approve Dana Cole as the auditors for the 2022-2023 budget year. Vote taken: Barton – aye, Niederklein – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 5-0.

Superintendent Kort presented proposed school lunch prices for the 2023-2024 school year. Lunch prices have been the same for the past 6 years but due to the increase in prices, the prices need to be increased slightly. Student meals will increase by 10 cents and adult meals will increase by 25 cents.

Proposed prices:

Breakfast: Elementary - \$1.40, 7-12 grade - \$1.65, Adult - \$2.25

Lunch: Elementary - \$2.70, 7-12 grade - \$2.80, Adult - \$3.75

Niederklein moved and Barton seconded to increase the price for breakfast and lunch, as proposed. Vote taken: Barton – aye, Niederklein – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 5-0.

Superintendent Kort presented the yearly contract for Southeast Nebraska Regional Program Interlocal Agreement for the Deaf or Hard of Hearing. Barton moved and Rut seconded to approve the yearly contract for the SNRP Deaf or Hard of Hearing Agreement. Vote taken: Barton – aye, Niederklein – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 5-0.

Superintendent Kort reviewed the topic of adding high school girls wrestling as an NSAA Activity for Meridian female students. Barton moved and Niederklein seconded to approve the addition of girls wrestling as an NSAA activity at Meridian. Vote taken: Barton – aye, Niederklein – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 5-0.

Superintendent Kort presented the results of the 2023 Census to the Board. Scheer moved and Barton seconded to approve the 2023 Census. Vote taken: Barton – aye, Niederklein – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 5-0.

Principal Drees and Principal Hull 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, July 10, 2023, beginning at 6:30 p.m.

Scheer moved and Rut seconded to adjourn at 7:12 p.m. Vote taken: Barton – aye, Niederklein – aye, Rut – aye, Scheer – aye, and Bartels – aye. Motion passed 5-0.

Jamie Niederklein,

Secretary Meridian District #48-0303



PRINCIPALLY SPEAKING WITH MR. HULL

Every year it seems like the summer flies, and this year is no exception! My family and I have been grateful for the welcoming words many of you have shared with us, and we look forward to meeting many more of you in the coming months!

We have had students in the building throughout the summer for camps, clinics, weights, and summer school. It is always great to see the energy they bring to the building! I have been impressed with our students' involvement in summer activities- baseball, softball, swimming, wrestling, and the summer welding program- to name a few.

As we start gearing up for next year I wanted to remind our families about physicals for the upcoming year. Those entering 7th grade must have a physical and updated immunization records on file prior to the start of the year. All students participating in sports must have a completed physical on file each year. Summer is a great time to get this taken care of so we are ready for the year.

We have been working hard this summer preparing for the upcoming school year, and we are excited to welcome our students back in August for the 2023-2024 school year!

Alex Hull, 7-12 Principal

"The Dish" with Drees

Happy Summer! I hope everyone is enjoying their summer activities and break from school. It was great to see many of you at the alumni banquet and share with you all the fantastic things that are happening at Meridian. Thank you again for supporting our school and students. I also enjoy seeing everyone at ball games. It is neat to see the community come out for those games, enjoy the fellowship, and grab a concession stand supper!

The school building is still buzzing! Summer school is underway and meets on Tuesdays and Wednesdays. Our maintenance staff is working hard cleaning, painting, and building around the school. Coaches and players are coming in for camps and lifting, and the staff is popping in and out to start planning for next year. We have also officially welcomed Mr. Hull, our secondary principal, into the community. We are all excited for next year.

I wish all of you a happy and safe 4th of July! See you in August!

Leslie Drees, PreK-6 Principal

2023-2024 PHYSICALS

Jefferson Community Health and Life Fairbury Clinic will be offering sports physicals to students in 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 CAMPS

Meridian Wrestling Club is hosting a camp on July 6, 2023. The first session is for Pre-K-4 grades and will start at 9:00 a.m. and end at 11:00 a.m. The session for 5-12 graders will begin at 1:00 p.m. and conclude at 3:00 p.m.

There are two varsity volleyball camps scheduled for the month of July. The girls will head to Hebron on July 17 and 18, and will be in Kearney for the Top Ten Camp on July 30 and 31.

Meridian will host a football camp starting on July 17 and ending on July 20. The camp will run from 7:00 a.m. until 9:00 a.m. for all interested players in 7-12 grades. The registration fee is \$1.00 to be paid on the first day of camp.

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.



2023-2024 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
 - ◇ Light Jacket or Sweater for Use in Classroom
 - ◇ 1 Bottle Hand Sanitizer OR 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
- ◇ Pencil Box or Container (make sure it will fit in your desk)

Optional:

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

6th Grade

- ◇ *12-Pack Pencils – NO mechanical, please
- ◇ 3-Pack Pink Pearl Erasers
- ◇ Pencil Bag/Pouch
- ◇ **12-Pack Colored Pencils
- ◇ **10-Pack Washable Markers
- ◇ 1-Loose Leaf Paper – College Ruled
- ◇ 3-Composition Notebooks – College Ruled
- ◇ PE Shoes – NON-MARKING
- ◇ Dry Erase Markers – Black or Assorted
- ◇ 2-Pack Elmer's Glue Sticks
- ◇ 2-Boxes Facial Tissue

*Teacher recommends Ticonderoga pencils – they sharpen consistently.

**Teacher and prior students prefer Crayola colored markers and colored pencils.

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

Kindergarten

- ◇ 2 Boxes of Facial Tissue
- ◇ Non-Marking Gym Shoes - Velcro PLEASE
- ◇ Backpack/Book Bag
- ◇ 3 Large Containers Disinfectant Wipes OR 2 Spray Bottles Cleaner/Disinfectant (*It is helpful to send paper towels if you buy spray*).
- ◇ 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. We work on this skill, but it is difficult to have one person tie several pairs of shoes multiple times per day.

3rd Grade

- ◇ 1 Bottle of White School Glue
- ◇ 2 One-Subject Notebooks
- ◇ Pencil Case or Box
- ◇ 2 Yellow Highlighters
- ◇ Pencils
- ◇ Erasers
- ◇ Markers
- ◇ 5-10 Dry Erase Markers (any color)
- ◇ Colored Pencils or Crayons – 48 Count or Less
- ◇ Scissors
- ◇ Backpack/Book Bag
- ◇ 2 Pairs Ear Buds
- ◇ Paint Shirt
- ◇ P.E. Shoes (no dark soles)
- ◇ 1 Roll of Paper Towels
- ◇ Boxes of Tissue
- ◇ Germ-X
- ◇ Clorox Wipes

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

7th Grade Science

- ◇ 1 - 3-Ring Binder or Folder

ALL HIGH SCHOOL STUDENTS

- ◇ 1 Box Facial Tissue

1st Grade

- ◇ #2 Pencils
- ◇ Crayola Crayons (24 Count ONLY)
- ◇ 2-3 Large Erasers
- ◇ Scissors
- ◇ 1 Pencil Box or Bag
- ◇ Crayola Markers
- ◇ 2-3 Large Boxes of Facial Tissue
- ◇ 1 Container Clorox Wipes
- ◇ 2 Jumbo Glue Sticks
- ◇ Headphones
- ◇ 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 Pocket Folder
- ◇ 1 Pencil Pouch or Box
- ◇ Earbuds
- ◇ #2 Pencils
- ◇ 2 Wide Ruled Notebooks
- ◇ 1 Clorox Wipes
- ◇ 2 Large Erasers
- ◇ 1 Set of Water Colors
- ◇ Non-Marking PE Shoes

5th Grade

- ◇ #2 Wooden Pencils and Eraser
- ◇ 1 Jumbo Book Cover
- ◇ 3 Boxes Facial Tissue
- ◇ 3 70-Page Count Notebooks
- ◇ 2 Pocket Folders
- ◇ 1 Set of Dry Erase Markers with Eraser
- ◇ PE Shoes - Non-Marking
- ◇ 100 Sheet Loose Leaf Paper

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?		



BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

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: _____

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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;
(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;
(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;
(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.

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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Daykin, NE 68338
Mobile: 402.228.6255



Heartland Bank

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Fairbury Branch | 402-729-3344
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HR

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