

**NAME** \_\_\_\_\_ **SEX** \_\_\_\_\_ **GRADE** \_\_\_\_\_

An athlete will not be eligible to participate (in game or practice) in any sport without clearance from the Athletic Director. All materials must be completed and returned to the athletic office or the main office.

- \_\_\_\_\_ 1. Physical Form - signed by physician on front. Signed by student, parent or guardian on back (all required). Take the enclosed physical form to a doctor for a physical. the KSHSAA requires that a physical form be on file at the school of participation. Completed physical forms are good for the current school year only and must be signed and dated after May 1 of the previous school year.
- \_\_\_\_\_ 2. Emergency Medical Form
- \_\_\_\_\_ 3. Bluestem High/Middle School Athletic Codes - Athletes and parents read this thoroughly. Parent and athletes must sign the last page of this form.
- \_\_\_\_\_ 4. Academic Eligibility - The Athletic Director will notify the athlete as to status of his/her eligibility. The athlete must be passing in at least 5 new subjects of unit weight. For semester KSHSAA requirement.
- \_\_\_\_\_ 5. Football Safety (Football Players Only) - Parents signature required.

**EMERGENCY MEDICAL AND ACTIVITIES PARTICIPATION PERMIT**

TO BE CLEARED FOR ATHLETICS YOU MUST COMPLETE THE INFORMATION ON THIS PAGE.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

*Street*

City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade 7 8 9 10 11 12

Your Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Who's Name Is Insurance In? \_\_\_\_\_

I understand my insurance is primary (pays first) and Bluestem School Insurance is secondary.  
(Pays after primary payment) initial \_\_\_\_\_

\*\*\*\*\**IN CASE OF AN EMERGENCY CONTACT*\*\*\*\*\*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

*Street*

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Numbers \_\_\_\_\_ 2nd) \_\_\_\_\_

\*\*\*\*\*

Permission is hereby given for emergency treatment, x-ray, skin test, or lab test for diagnosis and hospitalization in case of accident or illness in athletics. This form has been completed truthfully to the best of my knowledge.

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I, being the parent or guardian of the above named student, agree to permit this student to engage in extra-curricular activities at Bluestem High/Middle School. I give permission to authorized school representatives to act in my absence to authorize members of the medical profession to treat injuries incurred in activities sponsored by the school.

I shall assume all medical payments and recognize that the Bluestem's medical insurance plan is considered to be supplemental in coverage.





## Football Players Safety Form

I have read the above information and understand the risk of playing football.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (parent/guardian)

(This Agreement Form must be turned in to the athletic office. Parents may keep the BHS Safety List for football players information.)