



**Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation**

KHSAA Form GE04
High School Parental Permission and Consent
Rev. 7/19, page 1 of 2
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*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

ATHLETE INFORMATION (This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

School Attendance History

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|--------------------------------------|---------------------------------------|--|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Dance | |
| <input type="checkbox"/> Other _____ | | | | | |

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student _____

Emergency Contact Address, including City, State and Zip _____

Daytime Phone _____ Cell Phone _____

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number _____ Birth Date _____

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and

serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at <http://khsaa.org/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

■ 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 at birth (F, M): _____

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: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN/STATUTORILY AUTHORIZED PROVIDER REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ** <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> 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.

■ 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: _____

Communication Agreement

BULLITT EAST HIGH SCHOOL ATHLETICS

Bullitt East High School
Athletic Department
11450 Hwy 44E
Mt. Washington, KY 40047



Athletic Office:(502) 869-6510
School Office:(502) 869-6400
School Fax: (502) 538-8368

TO: Bullitt East Athletes and Parents
FROM: Bullitt East High School Athletic Department
DATE: 2020-2021 School Year
SUBJECT: Parental Communication Agreement

I would like to welcome you to the upcoming Bullitt East athletic season. The coaching staff and I are excited to be working with the finest student/athletes in the state. We have great expectations for them as players and as scholars. Over the course of this year, situations may arise that need to be addressed by the coaching staff, player, and/or parent(s) according to a definite procedure. This document explains the procedure that will be used to address these situations.

All students will be afforded the opportunity to try-out for all gender appropriate teams. Head Coaches of each sport, through an evaluation process, will choose the members that comprise each team.

Because emotions are high directly after a game or related event, it is important to avoid any potentially volatile situations between parents and the coaching staff. Often a cooling off period allows all parties to gain perspective on the situation. Our athletic departments' 24-hour policy is not to discuss with parents game results or decisions within 24 hours of the event. If a parent needs to voice a concern, the parent should schedule a meeting with the head coach that will occur after 24 hours have passed. If a parent does not wait and approaches a coach prior to the passage of 24 hours, his/her son/daughter may be given a one-game suspension.

The anticipated situations are playing time, role on the team, and development. These are situations that must be handled between the player and coaching staff. Although we appreciate your interest and support of the Bullitt East athletic program, the coach must make the decisions in these areas. In order for proper communication, the following procedures must be followed to address any of the noted situations or other problems that may arise.

1. The player and coaching staff member will have a meeting to address and discuss the player's questions or concerns. The player must request the meeting, preferably before the beginning of a practice session. The staff must respond to the athlete's inquiries and concerns. Most situations should be resolved at this stage.
2. If the athlete continues to have questions concerning the situation addressed in Step 1, the player must request a Step 2 meeting. The player and a coaching staff member will meet again. At this meeting, they will discuss the problem, questions, and previous issues to assess if further action is necessary. The coach will determine if parental participation at this meeting would be productive.
3. If the athlete remains dissatisfied with the coaching staff's response after Steps 1 & 2, the player will need to request a Step 3 meeting via the head coach. The player, parent, coach, and athletic director will meet at an agreeable time. The coaching staff and athletic director will address and respond to the inquiries within a 24 hour period.

All parents and players must sign this document agreeing to the above communication procedures. Hopefully, by adopting and implementing this procedure, it will help to promote a clear and fair resolution to issues of concern. We have decided to implement this procedure as it comes to us from several other high schools that have used it successfully.

Player Name (please print): _____

Player's signature: _____

Date: _____

Parent's signature: _____

Date: _____

BULLITT EAST HIGH SCHOOL ATHLETICS



2020-2021 MRSA Awareness

This must be read by all athletes and their parent/guardians, and signed. A copy will be maintained in the Athletic Office.

To reduce the risk of contracting MRSA, all student athletes are strongly advised to do the following:

- Wash your hands. Your hands are the part of your body most likely to pick up a germ and transfer it to an itchy sore, your eyes, your mouth, or your nose. So keep them clean. Use soap and warm water -- the rule of thumb is to scrub gently and thoroughly as long as it takes to sing the alphabet song.
 - Got a cut or scrape? Clean it -- and cover it with a bandage until it heals.
 - Avoid contact with other people's wounds or bandages.
 - Do not share towels, razors, clothing, or other personal items.
 - Shower right away after exercise, especially at the gym. Don't toss your wet towel in your gym bag. Clean and disinfect any gym bag that's come into contact with dirty athletic gear.
 - Wash all athletic clothing daily. Regularly wash athletic gear such as elbow pads, shin guards, and kneepads.
 - Bathe every day. MRSA can live on the skin, but it can be washed away. Staph can enter the body through hair follicles, so be particularly careful to clean your groin, underarms, arms, and legs.
 - Be on the lookout for infections. Early on, a staph infection looks like a spider bite (a red, irritated bump). Don't wait -- have a nurse or doctor look at it.
 - If you have an infection, don't try to squeeze out the pus. This only spreads germs on your skin. Have ALL infections treated by a health professional.
 - Practice careful hygiene when visiting crowded facilities such as prisons, military bases, shelters, hospitals, and schools.
-
- All practice clothing and uniforms must be laundered daily
 - Clothes worn after practice or games must be laundered before being worn again
 - Do not share towels, clothing, or equipment
 - Avoid body shaving
 - Cover cuts and scrapes
 - Wipe equipment such as helmets, goggles, and pads with alcohol frequently
 - Report undiagnosed skin infection or any concerns to Coaches

Athlete Name _____

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**BULLITT EAST HIGH SCHOOL
ATHLETIC DEPARTMENT
STUDENT-ATHLETE SAFETY POLICY**

Bullitt East High School is committed to providing a safe and secure environment for all of its student-athletes and staff. We will not accept the presence of alcohol, illicit drugs or weapons on school grounds or during a school or athletic activity. Participating in athletics is a privilege not a right. It is hoped that this policy will provide a fair and equitable means of achieving a safe, disciplined and drug-free environment.

No student-athlete shall purchase, possess, use, be under the influence of, sell or transfer any of the following on or about school property, at any location of a school sponsored activity or en route to or from school or a school sponsored activity: alcohol, illegal or controlled substances, drug paraphernalia, over-the-counter medications for the purposes of getting high/achieving an altered state. No student-athlete shall possess, use or transfer a weapon on or about school property, at any location of a school sponsored activity or en route to or from school or a school sponsored activity

During school or a school activity student-athletes will not be in:

Possession of a knife
Possession of weapon(s)
Possession of illegal drug(s) / prescription drug(s) / drug paraphernalia / alcohol / OTC medications as described above

During school or a school activity student-athletes will not be:

Under the influence of illegal drugs / prescription drugs / alcohol / OTC medications as described above

Consequences

Student will be subject to immediate and complete removal from all Bullitt East High School Athletic Teams for the remainder of the academic school year in addition to consequences listed in the Code of Student Behavior and Discipline.

2020-2021

**PLEASE SIGN THIS ACKNOWLEDGEMENT
AND RETURN TO THE HEAD COACH**

As the parent(s)/guardian(s) of _____, we have read and discussed the Bullitt East High School Student-Athlete Safety & Wellness Policy with our child.

Parent/Guardian Signature _____ Date _____

Student-Athlete Signature _____ Date _____

Sport(s) _____

Note: Use of a drug authorized by and administered in accordance with a prescription from a physician shall not be considered a violation of this policy.

Student Drug Testing Procedures

Bullitt County Public Schools

Student and Parent/Guardian Consent to Perform Urinalysis for Drug Testing

As the parent or legal guardian of the student signing below, I acknowledge that I have read Policy 09.423 (Use of Alcohol, Drugs, and Other Controlled Substances) and Procedure 09.423 AP.21 (Student Drug Testing Procedures) and have consented to participate in the drug testing program for the entire school year by circling Option 1 for Mandatory Testing or Option 2 for Voluntary Testing. Option 3 indicates that I decline participation at this time for my student. I understand for my student to be eligible for any sport(s) or extracurricular participation, or is a student driver that parks on campus, Option 1 must be selected.

Print Students Name: _____ School: _____

Student's Address: _____ Zip: _____

Date of Birth: _____ Circle Grade: 6 7 8 9 10 11 12 Male Female

Circle the desired OPTION below to acknowledge your agreement to participate in:

OPTION 1 (Mandatory)
*Athletic, and Extracurricular,
and Student Drivers*
Continue below

OPTION 2 (Voluntary)
Sign and return

OPTION 3 (Decline)

Circle any or all Bullitt County School sponsored sport(s) or extracurricular activity my student is involved:

You are not required to list Park and Rec., YMCA, or any other private sport involvement

- | | | | | | | |
|---------------|---------------|------------|-----------|------|----------------|-----------------|
| Academic Team | Archery | Basketball | Baseball | BETA | Bowling | Cheerleading |
| Chess Team | Cross Country | Dance Team | FBLA | FFA | Football | Forensic Debate |
| Golf | NHS | Softball | Soccer | STLP | Student Driver | Swimming |
| Tennis | Track | Volleyball | Wrestling | | | |

Print Student's Name _____ Student's Signature _____

Print Parent/Guardian's Name _____ Parent/Guardian Signature _____

Date _____

BULLITT EAST HIGH SCHOOL 2020-2021 ATHLETIC OPTION MENU

1) \$120.00 ONE STUDENT/ATHLETE - \$150.00 TWO STUDENT/ATHLETES**

Student/Family receives:

2 parent All-Sports passes

1 student All-Sports pass

Booster Club Membership

Includes Athletic fee -- Good for all sports during the 2019-2020 school year

OPTION 1

ONE

STUDENT

TWO

STUDENTS

2) \$100.00 ONE STUDENT/ATHLETE - \$130.00 TWO STUDENT/ATHLETES**

Student/Family receives:

1 parent All-Sports Pass

1 student All-Sports Pass

Booster Club Membership

Includes Athletic fee -- Good for all sports during the 2019-2020 school year

OPTION 2

ONE

STUDENT

TWO

STUDENTS

3) \$75.00 ONE STUDENT/ATHLETE - \$110.00 TWO STUDENT/ATHLETES**

Student/Family receives:

1 student All-Sports Pass

Booster Club Membership

Includes Athletic fee -- Good for all sports during the 2019-2020 school year

OPTION 3

ONE

STUDENT

TWO

STUDENTS

4) \$75.00 ADULT ALL SPORTS PASS - INCLUDES BOOSTER CLUB MEMBERSHIP

OPTION 4

5) \$30.00 ATHLETIC FEE AND BEABC MEMBERSHIP

Athletic fee -- Good for all sports during the 2019-2020 school year

OPTION 5

MANDATORY FOR ALL ATHLETES UNLESS YOU PURCHASE OPTIONS 1-3

CHECK OR MONEY ORDER ONLY, PAYABLE TO: **BEHS**

TOTAL

PLEASE PRINT CLEARLY:

PAID

STUDENT (1) NAME _____

SPORT(s) _____

STUDENT (2) NAME _____

SPORT(s) _____

PARENT PASS (1) _____

PARENT PASS (2) _____

ADDRESS _____

CONTACT # _____

EMAIL _____

PARENT SIGNATURE _____

DATE _____

~ SEASON PASSES ARE ONLY GOOD FOR REGULAR SEASON HOME GAMES

~ PREVIOUS PASSES HAVE EXPIRED & WILL NOT BE ACCEPTED

~ EMAIL A JPG. PICTURE TO MISTI.ALLEN@BULLITT.KYSCHOOLS.US

** 2 STUDENT / ATHLETES MUST BE FROM THE SAME HOUSEHOLD AND BOTH WILL RECEIVE AN ALL SPORTS PASS IN ORDER TO PARTICIPATE IN OUR BINGO EVENTS YOU MUST BE A MEMBER OF THE BOOSTER CLUB

THANKS FOR BECOMING PART OF OUR WINNING TEAM. WE LOOK FORWARD TO SEEING YOU AT OUR UPCOMING MEETINGS.

SINCERELY, BEAB Board of Directors