



Trailridge Athletic Paperwork Completion Checklist

Student Name: _____

Physical –

Page 1 & 2: Medical History - *completed by Parent/Guardian*

- ☐ ☐ All student information completed (top section)
- ☐ ☐ Medical history complete
- ☐ ☐ Parent signature
- ☐ ☐ Student signature

☐ **Page 3: Physical Exam Form** - *completed by Physician*

- ☐ ☐ Doctor form complete
- ☐ ☐ Physician signature
- ☐ ☐ Dated on or after May 1st, 2020. Date of Physical _____

Page 4: Medical Eligibility - *completed by Physician*

- ☐ ☐ Eligibility release checked
- ☐ ☐ Physician Signature

Page 4 - Continued: Parent Consent - *completed by Parent/Guardian*

- ☐ ☐ Shared emergency information
- ☐ ☐ Parent signature

Page 5: KSHSAA Eligibility - *completed by Parent/Guardian*

- ☐ ☐ Check boxes complete #1 – 4ab
- ☐ ☐ Parent signature
- ☐ ☐ Student signature

Concussion Form – Page 7

- ☐ ☐ Parent Signature
- ☐ ☐ Student Signature

Distance Running Form – Page 8

- ☐ ☐ Parent Signature
- ☐ ☐ Student Signature