

Sport Roster



C - Lisle District 202

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Sereenen, Temuulen K - Parrish School	Female	Active	Athlete Consent Signature Date: 8/16/2021 Med App (Old Form) Expiration date: 10/5/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Adams Schools



Sport/Tournament: _____

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NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Milks, Jesie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/25/2023 Medical (New Form)
<input type="checkbox"/> Nelson, Tyler	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/24/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Arrowleaf

Sport/Tournament: _____

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NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Bailey, Thomas	Male	Active	Athlete Consent Signature Date: 4/18/2022 Med App (Old Form) Expiration date: 6/17/2023 Medical (New Form) 6/19/2025
<input type="checkbox"/> Beckman, Angela	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/12/2023 Medical (New Form)
<input type="checkbox"/> Billingsley, Jacob	Male	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Expiration date: 10/3/2021 Medical (New Form) 4/5/2025
<input type="checkbox"/> Brown, Doris	Female	Active	Athlete Consent Signature Date: 4/18/2022 Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form)
<input type="checkbox"/> Bullock, Michael	Male	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Expiration date: 12/26/2022 Medical (New Form) 10/7/2025
<input type="checkbox"/> Buttrum, Mary Ruth	Female	Active	Athlete Consent Signature Date: 3/24/2022 Med App (Old Form) Expiration date: 11/11/2022 Medical (New Form) 3/22/2025
<input type="checkbox"/> Chancey, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/29/2021 Medical (New Form)
<input type="checkbox"/> Coomes, Ronda	Female	Active	Athlete Consent Signature Date: 4/18/2022 Med App (Old Form) Expiration date: 1/12/2023 Medical (New Form)
<input type="checkbox"/> Dailey, Dennis	Male	Active	Athlete Consent Signature Date: 3/24/2022 Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form) 3/24/2025
<input type="checkbox"/> Daymon, Lawrence (Larry)	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 3/2/2023 Medical (New Form) 3/9/2025
<input type="checkbox"/> DeClue, Rhiannaon	Female	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Medical (New Form) 3/9/2025
<input type="checkbox"/> Fowler, Michael Lee	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 1/18/2009 Medical (New Form) 2/18/2025

Sport Roster



K - Arrowleaf

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Hall, Crystal	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/27/2023 Medical (New Form)
<input type="checkbox"/> Hensen, Barbara	Female	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 1/19/2019 Medical (New Form) 2/27/2025
<input type="checkbox"/> Hill, Joy Darlene	Female	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 6/27/2021 Medical (New Form) 3/22/2025
<input type="checkbox"/> Isom, Robert (Bobby)	Male	Active	Athlete Consent Signature Date: 4/18/2022 Med App (Old Form) Expiration date: 8/5/2022 Medical (New Form)
<input type="checkbox"/> Kerley, Kassia	Female	Active	Athlete Consent Signature Date: 10/11/2022 Med App (Old Form) Expiration date: 1/29/2022 Medical (New Form)
<input type="checkbox"/> McRoy, Michael (Mike)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2023 Medical (New Form)
<input type="checkbox"/> Mulvaney, Jason	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/4/2021 Medical (New Form) 5/23/2025
<input type="checkbox"/> Mumford, Henry	Male	Active	Athlete Consent Signature Date: 4/28/2022 Med App (Old Form) Expiration date: 2/11/2023 Medical (New Form)
<input type="checkbox"/> Queen, Amanda	Female	Active	Athlete Consent Signature Date: 11/12/2021 Med App (Old Form) Expiration date: 5/13/2022 Medical (New Form) 11/12/2024
<input type="checkbox"/> Ramage, Lesley	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/25/2023 Medical (New Form)
<input type="checkbox"/> Rhoads, Timothy	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/5/2021 Medical (New Form)
<input type="checkbox"/> Schell, Darren	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/5/2023 Medical (New Form)

Sport Roster



K - Arrowleaf

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Scott, Jonathon	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 2/19/2023 Medical (New Form) 2/23/2025
<input type="checkbox"/> Stewart, Virginia (Diane)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2023 Medical (New Form)
<input type="checkbox"/> Taylor, Tamara	Female	Active	Athlete Consent Signature Date: 4/18/2022 Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)
<input type="checkbox"/> Thomas, Teresa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/4/2022 Medical (New Form)
<input type="checkbox"/> Trexler, David	Male	Active	Athlete Consent Signature Date: 4/18/2022 Med App (Old Form) Expiration date: 8/5/2022 Medical (New Form)
<input type="checkbox"/> Vickers, Kayley	Female	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Medical (New Form) 3/9/2025
<input type="checkbox"/> Ward, Betty Jean	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/25/2021 Medical (New Form)
<input type="checkbox"/> Willeford, Troy	Male	Active	Athlete Consent Signature Date: 3/22/2022 Med App (Old Form) Expiration date: 2/10/2022 Medical (New Form) 3/22/2025
<input type="checkbox"/> Williams, Brian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2023 Medical (New Form)
<input type="checkbox"/> Winters, Valerie	Female	Active	Athlete Consent Signature Date: 4/18/2022 Med App (Old Form) Expiration date: 3/3/2022 Medical (New Form) 8/30/2024
<input type="checkbox"/> Wuest, Jeremy	Male	Active	Athlete Consent Signature Date: 4/18/2022 Med App (Old Form) Expiration date: 10/30/2022 Medical (New Form) 7/1/2025

Sport Roster



K - Arrowleaf

Sport/Tournament: _____

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Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster

K - Benton Grade School



Sport/Tournament: _____

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<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Basenberg, Ethan K	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/3/2022 Medical (New Form)
<input type="checkbox"/> Call, Bryleigh	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/17/2022 Medical (New Form)
<input type="checkbox"/> Filkins, AJ	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/2/2022 Medical (New Form)
<input type="checkbox"/> Frech, Nevaeh	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/4/2022 Medical (New Form)
<input type="checkbox"/> Jones, Mariano	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/2/2022 Medical (New Form)
<input type="checkbox"/> Morgan, Blake	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/27/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Bridges Learning Center



Sport/Tournament: _____

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NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Burger, Gage	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/25/2022 Medical (New Form)
<input type="checkbox"/> Gregory, David	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/11/2022 Medical (New Form)
<input type="checkbox"/> Knight, Kelly	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/19/2022 Medical (New Form)
<input type="checkbox"/> Phillips, Dakota	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/25/2022 Medical (New Form)
<input type="checkbox"/> Rennegarbe, Alex	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/16/2021 Medical (New Form)
<input type="checkbox"/> Smith, Alex	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/12/2022 Medical (New Form)
<input type="checkbox"/> Townsend, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Vonderhaar, Alex	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/14/2022 Medical (New Form)

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Sport Roster



K - Brownsville Sch

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Name	Gender	Status	Medical
<input type="checkbox"/> Acosta, Nicholas	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Ahlfield, Jordyn	Female	Active	Athlete Consent Signature Date: 3/16/2022 Med App (Old Form) Medical (New Form) 3/28/2025
<input type="checkbox"/> Biehl, Madison	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Medical (New Form) 5/23/2025
<input type="checkbox"/> Blake, Kieton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Bridwell, Alexandria	Female	Active	Athlete Consent Signature Date: 3/3/2022 Med App (Old Form) Expiration date: 9/9/2022 Medical (New Form) 6/17/2024
<input type="checkbox"/> Brooks, Zachary	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Brooks, Zayden	Male	Active	Athlete Consent Signature Date: 3/14/2022 Med App (Old Form) Expiration date: 10/10/2022 Medical (New Form)
<input type="checkbox"/> Buchanan, Austin	Male	Active	Athlete Consent Signature Date: 3/3/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Colyer, Zane	Male	Active	Athlete Consent Signature Date: 2/28/2022 Med App (Old Form) Expiration date: 8/17/2021 Medical (New Form) 2/28/2025
<input type="checkbox"/> Cuttrel, Jamison	Male	Active	Athlete Consent Signature Date: 3/1/2022 Med App (Old Form) Medical (New Form) 3/9/2025
<input type="checkbox"/> Davis, Ronald Joseph	Male	Active	Athlete Consent Signature Date: 3/3/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 8/10/2025
<input type="checkbox"/> Donaldson, Daylin	Male	Active	Athlete Consent Signature Date: 3/10/2022 Med App (Old Form) Expiration date: 8/26/2022 Medical (New Form) 8/23/2025

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Name	Gender	Status	Medical
<input type="checkbox"/> Evans, Jacob	Male	Active	Athlete Consent Signature Date: 3/2/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Greenwood, Shelby	Female	Active	Athlete Consent Signature Date: 3/1/2022 Med App (Old Form) Expiration date: 4/28/2022 Medical (New Form) 3/16/2025
<input type="checkbox"/> Gwaltney, Dakota	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/19/2022 Medical (New Form)
<input type="checkbox"/> Haley, Noah	Male	Active	Athlete Consent Signature Date: 3/6/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Hall, Samuel	Male	Active	Athlete Consent Signature Date: 3/8/2022 Med App (Old Form) Expiration date: 9/22/2022 Medical (New Form) 9/21/2025
<input type="checkbox"/> Hering, Hope	Female	Active	Athlete Consent Signature Date: 9/23/2022 Med App (Old Form) Expiration date: 5/8/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Hering, Mikayla	Female	Active	Athlete Consent Signature Date: 9/23/2022 Med App (Old Form) Expiration date: 5/8/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Hinton, Dakota	Male	Active	Athlete Consent Signature Date: 3/3/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 8/23/2025
<input type="checkbox"/> Hinton, Haley	Female	Active	Athlete Consent Signature Date: 3/22/2022 Med App (Old Form) Medical (New Form) 3/22/2025
<input type="checkbox"/> Jensik, Devon	Male	Active	Athlete Consent Signature Date: 3/22/2022 Med App (Old Form) Medical (New Form) 5/23/2025
<input type="checkbox"/> Jensik, Jay	Male	Active	Athlete Consent Signature Date: 3/17/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Johnson, Aysia	Female	Active	Athlete Consent Signature Date: 3/8/2022 Med App (Old Form) Medical (New Form) 3/8/2025

Sport Roster



K - Brownsville Sch

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Name	Gender	Status	Medical
<input type="checkbox"/> Lane, Ashton	Female	Active	Athlete Consent Signature Date: 3/22/2022 Med App (Old Form) Medical (New Form) 4/6/2025
<input type="checkbox"/> Lingafelter, Kaden	Male	Active	Athlete Consent Signature Date: 3/2/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/25/2025
<input type="checkbox"/> Martin, Makenzy	Female	Active	Athlete Consent Signature Date: 3/20/2022 Med App (Old Form) Expiration date: 12/5/2020 Medical (New Form) 3/16/2025
<input type="checkbox"/> Moore, Gary	Male	Active	Athlete Consent Signature Date: 3/2/2022 Med App (Old Form) Expiration date: 6/3/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Moore, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/19/2022 Medical (New Form)
<input type="checkbox"/> Newman, Deacon	Male	Active	Athlete Consent Signature Date: 3/21/2022 Med App (Old Form) Expiration date: 9/12/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Pack, Jacob	Male	Active	Athlete Consent Signature Date: 3/23/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Palmer, Brynt	Male	Active	Athlete Consent Signature Date: 3/14/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 9/20/2025
<input type="checkbox"/> Palmer, Kloe	Female	Active	Athlete Consent Signature Date: 3/14/2022 Med App (Old Form) Medical (New Form) 3/17/2025
<input type="checkbox"/> Pennington, Jacob	Male	Active	Athlete Consent Signature Date: 3/13/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Phillips, Summer Skyie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Price, Adrien	Female	Active	Athlete Consent Signature Date: 3/9/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)

Sport Roster



K - Brownsville Sch

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Price, Brett	Male	Active	Athlete Consent Signature Date: 3/9/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Price, Raine	Female	Active	Athlete Consent Signature Date: 3/9/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Randall, Katie	Female	Active	Athlete Consent Signature Date: 3/23/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Rumsey, Izick	Male	Active	Athlete Consent Signature Date: 3/21/2022 Med App (Old Form) Expiration date: 10/17/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Rustin, Kaleb	Male	Active	Athlete Consent Signature Date: 3/10/2022 Med App (Old Form) Expiration date: 10/15/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Sandusky, Jaycee	Female	Active	Athlete Consent Signature Date: 3/2/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 6/9/2025
<input type="checkbox"/> Schroeder, Steven	Male	Active	Athlete Consent Signature Date: 11/22/2021 Med App (Old Form) Medical (New Form) 12/1/2024
<input type="checkbox"/> Seibert, Zada	Female	Active	Athlete Consent Signature Date: 3/3/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Shelton, Matthew	Male	Active	Athlete Consent Signature Date: 3/3/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Smith, Charles	Male	Active	Athlete Consent Signature Date: 3/14/2022 Med App (Old Form) Expiration date: 5/13/2022 Medical (New Form) 8/30/2025
<input type="checkbox"/> Smithpeters, Camden	Male	Active	Athlete Consent Signature Date: 12/1/2021 Med App (Old Form) Expiration date: 10/22/2021 Medical (New Form) 3/22/2025
<input type="checkbox"/> Woods, Joseph	Male	Active	Athlete Consent Signature Date: 3/2/2022 Med App (Old Form) Medical (New Form) 3/16/2025

Sport Roster



K - Brownsville Sch

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Name	Gender	Status	Medical
<input type="checkbox"/> Woods, Victoria	Female	Active	Athlete Consent Signature Date: 3/17/2022 Med App (Old Form) Medical (New Form) 3/17/2025
<input type="checkbox"/> Woollard, Andrew	Male	Active	Athlete Consent Signature Date: 3/16/2022 Med App (Old Form) Expiration date: 9/30/2022 Medical (New Form) 5/23/2025
<input type="checkbox"/> Woolston, Lawrence	Male	Active	Athlete Consent Signature Date: 3/4/2022 Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form) 3/8/2025
<input type="checkbox"/> Worthey, Kiaya	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/3/2022 Medical (New Form)
<input type="checkbox"/> Wright, Trinda	Female	Active	Athlete Consent Signature Date: 3/1/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 5/23/2025

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Sport Roster



K - Carbondale Comm HS

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Byrd, Steven (Max) Maxwell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/27/2022 Medical (New Form)
<input type="checkbox"/> Creekpaum, Noah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/3/2023 Medical (New Form)
<input type="checkbox"/> Henderson, Dillan S	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/6/2023 Medical (New Form)
<input type="checkbox"/> McCrite, Angienette	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/6/2023 Medical (New Form)
<input type="checkbox"/> Saidou Hangadoumbo, Mohamed	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/13/2023 Medical (New Form)
<input type="checkbox"/> Wooley, Clinton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/12/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Carrier Mills Stonefort Dist 2

Sport/Tournament: _____

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<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Adams, Zirah	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/30/2022 Medical (New Form)
<input type="checkbox"/> Leiter, David	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/11/2021 Medical (New Form)

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Sport Roster

K - Carterville High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Baggott, Alexander	Male	Active	Athlete Consent Signature Date: 2/14/2022 Med App (Old Form) Expiration date: 2/17/2022 Medical (New Form) 3/1/2025
<input type="checkbox"/> Crowell, Kara-Line	Female	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 2/14/2022 Medical (New Form) 3/28/2025
<input type="checkbox"/> Hampton, Dennis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/30/2021 Medical (New Form)
<input type="checkbox"/> Peeters, Antoine	Male	Active	Athlete Consent Signature Date: 3/20/2022 Med App (Old Form) Expiration date: 2/14/2022 Medical (New Form) 2/23/2025
<input type="checkbox"/> Scott, William	Male	Active	Athlete Consent Signature Date: 3/30/2022 Med App (Old Form) Medical (New Form) 11/1/2024
<input type="checkbox"/> Taylor, Starlaira	Female	Active	Athlete Consent Signature Date: 3/28/2022 Med App (Old Form) Expiration date: 1/5/2023 Medical (New Form) 2/11/2025
<input type="checkbox"/> Tucker, Charles	Male	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Expiration date: 2/27/2021 Medical (New Form) 1/31/2025
<input type="checkbox"/> Walder, Kobe	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/15/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Carterville Intermediate School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Booker, Alina	Female	Active	Athlete Consent Signature Date: 3/29/2022 Med App (Old Form) Medical (New Form) 3/28/2025
<input type="checkbox"/> DeLay, Dominick	Male	Active	Athlete Consent Signature Date: 3/29/2022 Med App (Old Form) Medical (New Form) 3/5/2025
<input type="checkbox"/> Hill, Jermel	Male	Active	Athlete Consent Signature Date: 3/30/2022 Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form) 3/24/2025
<input type="checkbox"/> Stephens, Jasmine	Female	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Expiration date: 8/18/2018 Medical (New Form) 1/12/2025

Please list any additional athletes not included above here.

Sport Roster

K - Carterville Jr High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Colombo, Mason	Male	Active	Athlete Consent Signature Date: 3/1/2022 Med App (Old Form) Medical (New Form) 3/28/2025

Please list any additional athletes not included above here.

Sport Roster



K - Casey Middle Sch

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Boswell, Hayden	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/16/2021 Medical (New Form)
<input type="checkbox"/> Cornman, Autumn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/7/2023 Medical (New Form)
<input type="checkbox"/> Foist, Christian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/30/2022 Medical (New Form)
<input type="checkbox"/> Meritt, Delaney	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/4/2022 Medical (New Form)
<input type="checkbox"/> Raya, Emily	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/25/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Centerstone-Foch GH

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Leadingham, Anita	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Sandusky, Tina	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/13/2022 Medical (New Form)
<input type="checkbox"/> Sifford, Kenneth (Ken)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/13/2022 Medical (New Form)
<input type="checkbox"/> Sorrells, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/11/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Centerstone-Rehab Center



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Adams, Brian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/16/2021 Medical (New Form)
<input type="checkbox"/> Dollar, Cecil	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/4/2022 Medical (New Form)
<input type="checkbox"/> Harbison, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/6/2022 Medical (New Form)
<input type="checkbox"/> Holley, Keith W	Male	Active	Athlete Consent Signature Date: 6/22/2022 Med App (Old Form) Expiration date: 2/11/2023 Medical (New Form)
<input type="checkbox"/> Irvin, William	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/12/2022 Medical (New Form)
<input type="checkbox"/> Kaytor, Paula	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/11/2021 Medical (New Form)
<input type="checkbox"/> McGlasson, Melissa D	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/27/2022 Medical (New Form)
<input type="checkbox"/> Milani, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/3/2022 Medical (New Form)
<input type="checkbox"/> Morse, Stephanie (Steph)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/8/2022 Medical (New Form)
<input type="checkbox"/> Raynor, Daryl	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/30/2022 Medical (New Form)
<input type="checkbox"/> Smith, Lori Ann	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/30/2022 Medical (New Form)
<input type="checkbox"/> Smith, Marc	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/22/2022 Medical (New Form)

Sport Roster

K - Centerstone-Rehab Center



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Walker, Linda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/21/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Centerstone-Rendleman GH

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Pulley, Kevin J	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/31/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Centerstone-Sassie GH

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Anderson, Bruce	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Chisholm, Steven	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Easton, Christopher	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/10/2022 Medical (New Form)
<input type="checkbox"/> Fike, Stephen (Steve)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/6/2022 Medical (New Form)
<input type="checkbox"/> Oberhellmann, Joshua	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/5/2022 Medical (New Form)
<input type="checkbox"/> Roach, Dale	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/11/2022 Medical (New Form)
<input type="checkbox"/> Smith, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/6/2022 Medical (New Form)
<input type="checkbox"/> Smith, Thomas Lee	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/25/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Centerstone-State St GH

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Coleman, Ernestine	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/8/2022 Medical (New Form)
<input type="checkbox"/> Roark, Debra	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Centralia HS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Emrick, John	Male	Active	Athlete Consent Signature Date: 3/5/2022 Med App (Old Form) Medical (New Form) 3/5/2025
<input type="checkbox"/> Holsapple, Lindsey	Female	Active	Athlete Consent Signature Date: 3/4/2022 Med App (Old Form) Medical (New Form) 3/4/2025
<input type="checkbox"/> Rink, Vanessa	Female	Active	Athlete Consent Signature Date: 3/22/2022 Med App (Old Form) Medical (New Form) 3/22/2025
<input type="checkbox"/> Wright, Zerrakia	Male	Active	Athlete Consent Signature Date: 4/11/2022 Med App (Old Form) Medical (New Form) 3/11/2025

Please list any additional athletes not included above here.

Sport Roster

K - Centralia Junior High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Myers, Keiragen	Female	Active	Athlete Consent Signature Date: 4/11/2022 Med App (Old Form) Medical (New Form) 7/29/2024

Please list any additional athletes not included above here.

Sport Roster

K - Century Unit District 100



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Adkins, Ali	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/4/2021 Medical (New Form)
<input type="checkbox"/> Blevins, Angela	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/15/2021 Medical (New Form)
<input type="checkbox"/> Duke, Esariah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/1/2021 Medical (New Form)
<input type="checkbox"/> Powell, Danielle	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/3/2022 Medical (New Form)
<input type="checkbox"/> Powell, John	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/3/2022 Medical (New Form)
<input type="checkbox"/> Sanders, Marcus	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/16/2021 Medical (New Form)
<input type="checkbox"/> Smith, Bailee	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/5/2021 Medical (New Form)
<input type="checkbox"/> Spurlock, Jada	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/20/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Chamness Care

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Anderson, Gary	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Bell, Bryan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Copas, Justin K - Jr's Centre	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Ducker, Donna	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Etchason, Shawn	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Flowers, Rickey	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Goddard, Rebecca	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/23/2022 Medical (New Form)
<input type="checkbox"/> Henson, Leia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Holcomb, Maria (Babette)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Jay, Terry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2022 Medical (New Form)
<input type="checkbox"/> Johnson, Sarah	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> McKane, Clifford (Cliff)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)

Sport Roster



K - Chamness Care

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Milligan, William (Willie)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Nicholson, Elizabeth	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Poston, Shawn	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Riepe, Leslie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Smith, Cora	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Thetford, William Thomas	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Tondevold, Megan	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Watson, LaTonya	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Wells, Jacob	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Williams, Crystal	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Williams, Judy	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Wilson, Patricia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)

Sport Roster



K - Chamness Care

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster



K - Chester Champions

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Asbury, Leslie	Female	Active	Athlete Consent Signature Date: 9/6/2021 Med App (Old Form) Expiration date: 1/20/2022 Medical (New Form) 4/5/2025
<input type="checkbox"/> Colonel, Noah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/23/2022 Medical (New Form)
<input type="checkbox"/> Dobyms, Jeffrey	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/17/2022 Medical (New Form)
<input type="checkbox"/> Essman, Adam	Male	Active	Athlete Consent Signature Date: 3/21/2022 Med App (Old Form) Medical (New Form) 3/18/2025
<input type="checkbox"/> Essman, Brendan	Male	Active	Athlete Consent Signature Date: 3/21/2022 Med App (Old Form) Medical (New Form) 3/18/2025
<input type="checkbox"/> Guidry, Patsyfaye (Paige)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/26/2022 Medical (New Form)
<input type="checkbox"/> McGuire, Britney	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/13/2022 Medical (New Form)
<input type="checkbox"/> Padilla, Nelvin	Male	Active	Athlete Consent Signature Date: 9/3/2021 Med App (Old Form) Expiration date: 12/7/2023 Medical (New Form)
<input type="checkbox"/> Perez, Amari	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/2/2022 Medical (New Form)
<input type="checkbox"/> Rahn, Kaytlyn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/6/2021 Medical (New Form)
<input type="checkbox"/> Shaw, Robert James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/23/2022 Medical (New Form)
<input type="checkbox"/> Tucker, Brandon Lee	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/17/2022 Medical (New Form)

Sport Roster



K - Chester Champions

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Williams, Jonathan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/24/2024 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Chipmunks

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Cleveland, John	Male	Active	Athlete Consent Signature Date: 10/29/2021 Med App (Old Form) Expiration date: 6/15/2021 Medical (New Form) 7/11/2024
<input type="checkbox"/> Prendergast, Marisa	Female	Active	Athlete Consent Signature Date: 7/20/2021 Med App (Old Form) Expiration date: 1/5/2022 Medical (New Form) 11/9/2024

Please list any additional athletes not included above here.

Sport Roster



K - Choate Dev Center

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Behrens, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/7/2021 Medical (New Form)
<input type="checkbox"/> Brooks, Markilos	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/29/2021 Medical (New Form)
<input type="checkbox"/> Burk, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/20/2021 Medical (New Form)
<input type="checkbox"/> Crim, Robert Tyler	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/23/2021 Medical (New Form)
<input type="checkbox"/> Dickey, Jeffrey	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/6/2022 Medical (New Form)
<input type="checkbox"/> Fant, Jeffery	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/1/2022 Medical (New Form)
<input type="checkbox"/> Fleming, Ulyessian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/30/2022 Medical (New Form)
<input type="checkbox"/> Gear, David	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/1/2022 Medical (New Form)
<input type="checkbox"/> Hahs, Dennis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/14/2021 Medical (New Form)
<input type="checkbox"/> Maxberry, Hasson	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/10/2022 Medical (New Form)
<input type="checkbox"/> Tate, Stanley	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/28/2021 Medical (New Form)
<input type="checkbox"/> Thomas, Isiah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/5/2022 Medical (New Form)

Sport Roster

K - Choate Dev Center



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Willis, Myron	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/6/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Christopher CUSD 99

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Gray, Presley	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/5/2023 Medical (New Form)
<input type="checkbox"/> Lampley, Jason	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/28/2021 Medical (New Form)
<input type="checkbox"/> Snyder, Kaleb	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/21/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - CILA Corporation



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Crossman, Eugene	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/20/2021 Medical (New Form)
<input type="checkbox"/> Moore, Howard	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2022 Medical (New Form)
<input type="checkbox"/> Salee, Cathy	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form)
<input type="checkbox"/> Short, Julian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2022 Medical (New Form)
<input type="checkbox"/> Smith, Melinda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/20/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Coleman Cool Cats

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Bowyer, Taylor	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/13/2023 Medical (New Form)
<input type="checkbox"/> DeNeal, Michael J	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/17/2021 Medical (New Form) 11/3/2024
<input type="checkbox"/> Dollar, Steven Allen	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/13/2022 Medical (New Form)
<input type="checkbox"/> Frailey, Ronald	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/13/2022 Medical (New Form)
<input type="checkbox"/> Issler, Samuel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/1/2022 Medical (New Form)
<input type="checkbox"/> Jackson, Brian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/5/2021 Medical (New Form)
<input type="checkbox"/> Massie, Keifer	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/10/2023 Medical (New Form)
<input type="checkbox"/> McGrath, Jerrod	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form)
<input type="checkbox"/> McIlrath, Charles	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form)
<input type="checkbox"/> Rilott, Robin	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/11/2022 Medical (New Form)
<input type="checkbox"/> Schmittler, Holly G.	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/27/2023 Medical (New Form)
<input type="checkbox"/> Smith, Jerry Wayne	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form)

Sport Roster



K - Coleman Cool Cats

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Tableman, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/12/2022 Medical (New Form)
<input type="checkbox"/> Vailes, Amanda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/16/2023 Medical (New Form)
<input type="checkbox"/> Wisniewski, Mary Ann	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/13/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Colonial Apts

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Howard, James P	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Community Alternatives - Centralia



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> McDaniel, Harper	Female	Active	Athlete Consent Signature Date: 4/11/2022 Med App (Old Form) Medical (New Form) 3/24/2025
<input type="checkbox"/> Turner, Gracelynn	Female	Active	Athlete Consent Signature Date: 4/11/2022 Med App (Old Form) Medical (New Form) 3/16/2025

Please list any additional athletes not included above here.

Sport Roster



K - Community Integrated Living

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Anderson, Theodore	Male	Active	Athlete Consent Signature Date: 6/11/2021 Med App (Old Form) Expiration date: 4/17/2022 Medical (New Form) 2/25/2025
<input type="checkbox"/> Baugher, Pamela (Pam)	Female	Active	Athlete Consent Signature Date: 6/11/2021 Med App (Old Form) Expiration date: 4/7/2022 Medical (New Form) 3/4/2025
<input type="checkbox"/> Bracken, Heather	Female	Active	Athlete Consent Signature Date: 6/11/2021 Med App (Old Form) Expiration date: 5/5/2022 Medical (New Form)
<input type="checkbox"/> Bridwell, Kyle	Male	Active	Athlete Consent Signature Date: 6/23/2021 Med App (Old Form) Medical (New Form) 8/17/2024
<input type="checkbox"/> Budde, Christopher	Male	Active	Athlete Consent Signature Date: 6/17/2021 Med App (Old Form) Expiration date: 4/15/2022 Medical (New Form) 3/9/2025
<input type="checkbox"/> Campbell, Brandon	Male	Active	Athlete Consent Signature Date: 6/1/2021 Med App (Old Form) Expiration date: 3/13/2022 Medical (New Form) 3/17/2025
<input type="checkbox"/> Culp, Mary	Female	Active	Athlete Consent Signature Date: 7/26/2021 Med App (Old Form) Expiration date: 12/27/2021 Medical (New Form)
<input type="checkbox"/> Daniels, Michael (Mike)	Male	Active	Athlete Consent Signature Date: 6/17/2021 Med App (Old Form) Expiration date: 4/30/2022 Medical (New Form) 3/16/2025
<input type="checkbox"/> Deisher, Donald Jeffrey	Male	Active	Athlete Consent Signature Date: 6/23/2021 Med App (Old Form) Expiration date: 2/18/2022 Medical (New Form) 2/28/2025
<input type="checkbox"/> Flom, Nicole	Female	Active	Athlete Consent Signature Date: 8/4/2021 Med App (Old Form) Expiration date: 2/24/2022 Medical (New Form) 2/22/2025
<input type="checkbox"/> Heimberger, Scott	Male	Active	Athlete Consent Signature Date: 7/15/2021 Med App (Old Form) Expiration date: 1/3/2022 Medical (New Form) 3/22/2025
<input type="checkbox"/> Hopkins, Carol	Female	Active	Athlete Consent Signature Date: 7/19/2021 Med App (Old Form) Expiration date: 2/28/2022 Medical (New Form)

Sport Roster



K - Community Integrated Living

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Johnson, Steve	Male	Active	Athlete Consent Signature Date: 6/17/2021 Med App (Old Form) Expiration date: 12/5/2021 Medical (New Form) 7/1/2025
<input type="checkbox"/> Kovach, Charles (Ron)	Male	Active	Athlete Consent Signature Date: 9/9/2021 Med App (Old Form) Expiration date: 12/22/2018 Medical (New Form) 9/22/2024
<input type="checkbox"/> Kowalczyk, Daniel	Male	Active	Athlete Consent Signature Date: 7/15/2021 Med App (Old Form) Expiration date: 7/15/2021 Medical (New Form) 7/16/2024
<input type="checkbox"/> Morgan, Dwight	Male	Active	Athlete Consent Signature Date: 7/26/2021 Med App (Old Form) Expiration date: 7/17/2021 Medical (New Form) 8/4/2024
<input type="checkbox"/> Neely, Brandon	Male	Active	Athlete Consent Signature Date: 7/26/2021 Med App (Old Form) Expiration date: 7/25/2021 Medical (New Form) 8/11/2024
<input type="checkbox"/> Padilla, Ramona	Female	Active	Athlete Consent Signature Date: 6/21/2021 Med App (Old Form) Expiration date: 2/11/2022 Medical (New Form) 3/23/2025
<input type="checkbox"/> Powles, Betty	Female	Active	Athlete Consent Signature Date: 7/20/2021 Med App (Old Form) Expiration date: 4/16/2022 Medical (New Form) 3/22/2025
<input type="checkbox"/> Pruett, April	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/31/2022 Medical (New Form)
<input type="checkbox"/> Ransburg, Cortez	Male	Active	Athlete Consent Signature Date: 7/26/2021 Med App (Old Form) Medical (New Form) 9/10/2024
<input type="checkbox"/> Rush, Chardon	Female	Active	Athlete Consent Signature Date: 7/20/2021 Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form) 3/22/2025
<input type="checkbox"/> Staples, Dustin	Male	Active	Athlete Consent Signature Date: 6/17/2021 Med App (Old Form) Expiration date: 2/12/2022 Medical (New Form) 3/11/2025
<input type="checkbox"/> Suckoll, Robert	Male	Active	Athlete Consent Signature Date: 6/17/2021 Med App (Old Form) Expiration date: 1/29/2022 Medical (New Form) 2/2/2025

Sport Roster

K - Community Integrated Living



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Taflinger, Kristie	Female	Active	Athlete Consent Signature Date: 7/17/2021 Med App (Old Form) Expiration date: 2/27/2022 Medical (New Form) 3/2/2025
<input type="checkbox"/> Tucker, Barbara	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/25/2021 Medical (New Form)
<input type="checkbox"/> Williams, Cody	Male	Active	Athlete Consent Signature Date: 6/17/2021 Med App (Old Form) Expiration date: 8/27/2021 Medical (New Form) 9/1/2024
<input type="checkbox"/> Young, Solomon	Male	Active	Athlete Consent Signature Date: 3/16/2022 Med App (Old Form) Medical (New Form) 3/15/2025

Please list any additional athletes not included above here.

Sport Roster



K - Comwell

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Boice, Dustin	Male	Active	Athlete Consent Signature Date: 7/24/2021 Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)
<input type="checkbox"/> Bowlin, Garrett	Male	Active	Athlete Consent Signature Date: 4/5/2022 Med App (Old Form) Expiration date: 2/9/2023 Medical (New Form)
<input type="checkbox"/> Browning, Katherine	Female	Active	Athlete Consent Signature Date: 7/26/2021 Med App (Old Form) Expiration date: 1/13/2023 Medical (New Form)
<input type="checkbox"/> Buch, Vernon L	Male	Active	Athlete Consent Signature Date: 8/18/2021 Med App (Old Form) Expiration date: 2/4/2023 Medical (New Form)
<input type="checkbox"/> Buettner, Aaron	Male	Active	Athlete Consent Signature Date: 8/5/2021 Med App (Old Form) Expiration date: 3/10/2021 Medical (New Form) 8/10/2024
<input type="checkbox"/> Crafton, Marilyn	Female	Active	Athlete Consent Signature Date: 7/28/2021 Med App (Old Form) Expiration date: 2/10/2023 Medical (New Form)
<input type="checkbox"/> Crain, Michael	Male	Active	Athlete Consent Signature Date: 7/29/2021 Med App (Old Form) Expiration date: 3/9/2023 Medical (New Form)
<input type="checkbox"/> Dally, Deanna	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/31/2022 Medical (New Form)
<input type="checkbox"/> Doggett, Jon	Male	Active	Athlete Consent Signature Date: 9/3/2021 Med App (Old Form) Expiration date: 1/15/2023 Medical (New Form)
<input type="checkbox"/> Donjon, Britany	Female	Active	Athlete Consent Signature Date: 4/7/2022 Med App (Old Form) Medical (New Form) 6/27/2025
<input type="checkbox"/> Dunn, William H	Male	Active	Athlete Consent Signature Date: 8/18/2021 Med App (Old Form) Expiration date: 3/6/2021 Medical (New Form) 9/27/2024
<input type="checkbox"/> Foutch, Michael	Male	Active	Athlete Consent Signature Date: 9/24/2021 Med App (Old Form) Expiration date: 6/6/2022 Medical (New Form) 5/6/2025

Sport Roster



K - Comwell

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Goscinski, Paula	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/22/2023 Medical (New Form)
<input type="checkbox"/> Herman, Patricia	Female	Active	Athlete Consent Signature Date: 7/26/2021 Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)
<input type="checkbox"/> Hoskin, Kandace	Female	Active	Athlete Consent Signature Date: 7/21/2021 Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form)
<input type="checkbox"/> Hoskin, Michael	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 1/9/2023 Medical (New Form)
<input type="checkbox"/> King, Jerry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)
<input type="checkbox"/> Lev, Marilyn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2023 Medical (New Form)
<input type="checkbox"/> McCallister, Lois	Female	Active	Athlete Consent Signature Date: 3/17/2022 Med App (Old Form) Expiration date: 2/18/2021 Medical (New Form) 4/4/2025
<input type="checkbox"/> McRoy, Shirley	Female	Active	Athlete Consent Signature Date: 8/18/2021 Med App (Old Form) Expiration date: 2/4/2023 Medical (New Form)
<input type="checkbox"/> Moeller, Mark	Male	Active	Athlete Consent Signature Date: 7/28/2021 Med App (Old Form) Expiration date: 1/30/2023 Medical (New Form)
<input type="checkbox"/> Rees, Edward	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/30/2021 Medical (New Form)
<input type="checkbox"/> Ruhmann, Lou Ann	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/5/2023 Medical (New Form)
<input type="checkbox"/> Smolish, Marilyn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/3/2022 Medical (New Form)

Sport Roster



K - Comwell

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Surman, Andrew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/25/2022 Medical (New Form)
<input type="checkbox"/> Thies, Tricia	Female	Active	Athlete Consent Signature Date: 8/10/2021 Med App (Old Form) Expiration date: 2/21/2018 Medical (New Form) 8/10/2024
<input type="checkbox"/> Uchtmann, Beth	Female	Active	Athlete Consent Signature Date: 9/24/2021 Med App (Old Form) Expiration date: 9/25/2022 Medical (New Form)
<input type="checkbox"/> Walter, Georgia	Female	Active	Athlete Consent Signature Date: 8/18/2021 Med App (Old Form) Expiration date: 2/7/2021 Medical (New Form) 6/14/2024
<input type="checkbox"/> Whelan, Donald	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/9/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Countryview Terrace

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Luthe, Shane	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/13/2021 Medical (New Form)
<input type="checkbox"/> Orr, Sherry	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/3/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Cypress Elementary



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Greer, Dalton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/1/2021 Medical (New Form)
<input type="checkbox"/> Rooney, Jada N	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/15/2022 Medical (New Form)
<input type="checkbox"/> Shoemaker, Isaiah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/30/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - DeSoto Grade School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Goodbar, Kara	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2022 Medical (New Form)
<input type="checkbox"/> Karnes, Eric	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/4/2022 Medical (New Form)
<input type="checkbox"/> Kohlenberger, Joshua	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/3/2021 Medical (New Form)
<input type="checkbox"/> Smith, Paul	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/12/2023 Medical (New Form)
<input type="checkbox"/> Stevens, Ayden	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/14/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Diamondview

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Brown, Dixie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Clark, Anthony	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Dunham, Devon M	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Fischer, Neil	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Reynolds, Mildred	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Sharp, Quintin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Shipman, Michaela	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Shopinki, Rose M	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Winks, Andrew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Winks, Caroline G	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Winks, Danielle	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Winks, Kathleen	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)

Sport Roster



K - Diamondview

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster



K - Double Trouble

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Baker, Trinity	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/16/2021 Medical (New Form)
<input type="checkbox"/> Brighan-Young, Colton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/19/2022 Medical (New Form)
<input type="checkbox"/> Brown, Donna	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/27/2022 Medical (New Form)
<input type="checkbox"/> Castoldi, Devon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/30/2022 Medical (New Form)
<input type="checkbox"/> Etherton, Garrett	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/16/2021 Medical (New Form)
<input type="checkbox"/> Eurales, Kanasha	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/6/2021 Medical (New Form)
<input type="checkbox"/> Gray, Tommie	Male	Active	Athlete Consent Signature Date: 8/16/2021 Med App (Old Form) Expiration date: 7/9/2021 Medical (New Form) 8/16/2024
<input type="checkbox"/> McRoy, Tiffany	Female	Active	Athlete Consent Signature Date: 9/28/2021 Med App (Old Form) Expiration date: 12/16/2021 Medical (New Form) 8/4/2024
<input type="checkbox"/> Nicks, Nicole	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/13/2021 Medical (New Form)
<input type="checkbox"/> Orsino, Zane	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/8/2022 Medical (New Form)
<input type="checkbox"/> Shelton, Lily	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Smith, Chelsey	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/24/2022 Medical (New Form)

Sport Roster



K - Double Trouble

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> van Horn, Alex	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/3/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - DuQuoin Elementary School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Bulliner, Mayei	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/7/2023 Medical (New Form)
<input type="checkbox"/> Cavins, Brayli	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/3/2021 Medical (New Form)
<input type="checkbox"/> Dunn, Clarissa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/17/2022 Medical (New Form)
<input type="checkbox"/> Fetterhoff, Gabriella	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/30/2023 Medical (New Form)
<input type="checkbox"/> Patrick, Elijah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/16/2023 Medical (New Form)
<input type="checkbox"/> Rucks, Hayden	Female	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Medical (New Form) 2/14/2025
<input type="checkbox"/> Simmons, Kayson	Male	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Medical (New Form) 3/30/2025
<input type="checkbox"/> Simmons, Thomas	Male	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Medical (New Form) 4/4/2025

Please list any additional athletes not included above here.

Sport Roster



K - Fishing 1976

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Byrns, Toby	Male	Active	Athlete Consent Signature Date: 6/23/2022 Med App (Old Form) Expiration date: 5/2/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Five Star Ind Inc



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Amis, Patricia	Female	Active	Athlete Consent Signature Date: 6/24/2022 Med App (Old Form) Expiration date: 5/10/2019 Medical (New Form) 7/5/2025
<input type="checkbox"/> Bando, Parker	Male	Active	Athlete Consent Signature Date: 7/15/2021 Med App (Old Form) Medical (New Form) 7/22/2024
<input type="checkbox"/> Bierman, Sara	Female	Active	Athlete Consent Signature Date: 6/28/2022 Med App (Old Form) Expiration date: 6/1/2019 Medical (New Form) 7/5/2025
<input type="checkbox"/> Cagle, Jonathan	Male	Active	Athlete Consent Signature Date: 6/24/2022 Med App (Old Form) Expiration date: 7/10/2022 Medical (New Form) 9/16/2024
<input type="checkbox"/> Conley, Eric	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/20/2022 Medical (New Form)
<input type="checkbox"/> Conley, Jeffery	Male	Active	Athlete Consent Signature Date: 7/5/2022 Med App (Old Form) Expiration date: 7/19/2021 Medical (New Form)
<input type="checkbox"/> Forys, Bethany	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/4/2023 Medical (New Form)
<input type="checkbox"/> Forys, Megan	Female	Active	Athlete Consent Signature Date: 7/5/2022 Med App (Old Form) Expiration date: 2/4/2023 Medical (New Form)
<input type="checkbox"/> Furlow, Keith	Male	Active	Athlete Consent Signature Date: 6/27/2022 Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form) 6/27/2025
<input type="checkbox"/> Giacomo, Shane Antany	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2023 Medical (New Form)
<input type="checkbox"/> Gibson, Patricia	Female	Active	Athlete Consent Signature Date: 6/24/2022 Med App (Old Form) Expiration date: 12/10/2022 Medical (New Form) 12/15/2024
<input type="checkbox"/> Grizzell, Scottrina	Female	Active	Athlete Consent Signature Date: 7/3/2022 Med App (Old Form) Expiration date: 2/9/2023 Medical (New Form)

Sport Roster



K - Five Star Ind Inc

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Heatherly, Anthony Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form)
<input type="checkbox"/> Hunt, Charles	Male	Active	Athlete Consent Signature Date: 6/17/2022 Med App (Old Form) Expiration date: 4/16/2021 Medical (New Form) 11/30/2024
<input type="checkbox"/> Kennedy, Brian	Male	Active	Athlete Consent Signature Date: 7/5/2022 Med App (Old Form) Expiration date: 1/9/2023 Medical (New Form) 10/21/2024
<input type="checkbox"/> Kim, Anthony	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/2/2023 Medical (New Form)
<input type="checkbox"/> Kirkpatrick, Francis	Female	Active	Athlete Consent Signature Date: 7/5/2022 Med App (Old Form) Expiration date: 4/23/2021 Medical (New Form) 11/26/2024
<input type="checkbox"/> Klamm, Kevin	Male	Active	Athlete Consent Signature Date: 7/5/2022 Med App (Old Form) Medical (New Form) 9/17/2024
<input type="checkbox"/> Lehman, John	Male	Active	Athlete Consent Signature Date: 6/30/2022 Med App (Old Form) Expiration date: 2/11/2023 Medical (New Form)
<input type="checkbox"/> Maple, Maliah	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/2/2023 Medical (New Form)
<input type="checkbox"/> Moore, Bryan	Male	Active	Athlete Consent Signature Date: 7/5/2022 Med App (Old Form) Expiration date: 5/14/2021 Medical (New Form) 11/6/2024
<input type="checkbox"/> Nevious, Amy	Female	Active	Athlete Consent Signature Date: 7/6/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 12/9/2024
<input type="checkbox"/> Pavey, Misty	Female	Active	Athlete Consent Signature Date: 6/29/2022 Med App (Old Form) Expiration date: 7/8/2022 Medical (New Form) 8/30/2024
<input type="checkbox"/> Pierce, Cami	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/25/2022 Medical (New Form)

Sport Roster



K - Five Star Ind Inc

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Smith, David	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/25/2021 Medical (New Form)
<input type="checkbox"/> Vuichard, Aaron	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/15/2021 Medical (New Form) 7/25/2025
<input type="checkbox"/> Wheatley, Bruce	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/14/2023 Medical (New Form)
<input type="checkbox"/> Wimberly, Leighann	Female	Active	Athlete Consent Signature Date: 6/20/2022 Med App (Old Form) Expiration date: 6/13/2022 Medical (New Form) 10/23/2024
<input type="checkbox"/> Zettler, Larry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/11/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Flora Angels

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Beason, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/28/2021 Medical (New Form)
<input type="checkbox"/> Sager, Lloyd	Male	Active	Athlete Consent Signature Date: 3/17/2022 Med App (Old Form) Medical (New Form) 3/18/2025
<input type="checkbox"/> Thorman, Jerry	Male	Active	Athlete Consent Signature Date: 3/21/2022 Med App (Old Form) Expiration date: 12/4/2020 Medical (New Form) 3/21/2025

Please list any additional athletes not included above here.

Sport Roster



K - Frank-Jeff Primary

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Mason, Connor	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/4/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Frankfort Central JHS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Bardle, Ricky	Male	Active	Athlete Consent Signature Date: 9/2/2021 Med App (Old Form) Expiration date: 9/30/2022 Medical (New Form)
<input type="checkbox"/> Dunning, Gabriel	Male	Active	Athlete Consent Signature Date: 9/29/2021 Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form) 9/28/2024
<input type="checkbox"/> Hargett, Mason	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/23/2022 Medical (New Form)
<input type="checkbox"/> Hughes, Evan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/18/2022 Medical (New Form)
<input type="checkbox"/> Irvin, William Kirby	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/2/2022 Medical (New Form)
<input type="checkbox"/> Key, Dylan	Male	Active	Athlete Consent Signature Date: 9/30/2022 Med App (Old Form) Medical (New Form) 9/30/2025
<input type="checkbox"/> Morgan, Bryan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/10/2021 Medical (New Form)
<input type="checkbox"/> Newberry, Spencer	Male	Active	Athlete Consent Signature Date: 8/31/2021 Med App (Old Form) Expiration date: 1/19/2023 Medical (New Form) 9/2/2024
<input type="checkbox"/> Obrecht, Shaylea	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/7/2022 Medical (New Form)
<input type="checkbox"/> Prak, Chevy	Male	Active	Athlete Consent Signature Date: 8/27/2021 Med App (Old Form) Expiration date: 1/20/2023 Medical (New Form) 8/27/2024
<input type="checkbox"/> Smith, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/18/2022 Medical (New Form)
<input type="checkbox"/> Walters, Justin	Male	Active	Athlete Consent Signature Date: 8/25/2021 Med App (Old Form) Expiration date: 8/27/2022 Medical (New Form) 8/25/2024

Sport Roster

K - Frankfort Central JHS



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster

K - Frankfort Community HS



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Kulis, Parker	Male	Active	Athlete Consent Signature Date: 11/1/2021 Med App (Old Form) Expiration date: 8/21/2021 Medical (New Form) 4/12/2025
<input type="checkbox"/> Morris, Mathew	Male	Active	Athlete Consent Signature Date: 9/21/2021 Med App (Old Form) Expiration date: 5/17/2024 Medical (New Form)
<input type="checkbox"/> Pitchers, Thomas	Male	Active	Athlete Consent Signature Date: 9/22/2022 Med App (Old Form) Expiration date: 11/19/2022 Medical (New Form) 9/21/2024
<input type="checkbox"/> Smothers, Coy	Male	Active	Athlete Consent Signature Date: 9/22/2021 Med App (Old Form) Expiration date: 4/25/2022 Medical (New Form) 3/28/2025
<input type="checkbox"/> Swann, Cavin	Male	Active	Athlete Consent Signature Date: 10/4/2021 Med App (Old Form) Expiration date: 11/13/2022 Medical (New Form) 7/26/2025
<input type="checkbox"/> Williams, Draca	Female	Active	Athlete Consent Signature Date: 8/15/2022 Med App (Old Form) Expiration date: 10/8/2022 Medical (New Form) 9/15/2025
<input type="checkbox"/> Wyant, Madison	Female	Active	Athlete Consent Signature Date: 9/14/2021 Med App (Old Form) Expiration date: 10/31/2022 Medical (New Form) 8/26/2025

Please list any additional athletes not included above here.

Sport Roster

K - Frankfort Intermediate Sch



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Beaver, Isreal	Male	Active	Athlete Consent Signature Date: 8/18/2022 Med App (Old Form) Medical (New Form) 8/30/2025
<input type="checkbox"/> Butta, Alexandria	Female	Active	Athlete Consent Signature Date: 9/24/2022 Med App (Old Form) Medical (New Form) 9/22/2025
<input type="checkbox"/> Dills Jr, Adam (AJ)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/8/2022 Medical (New Form)
<input type="checkbox"/> Dryden, Jameson	Male	Active	Athlete Consent Signature Date: 9/16/2021 Med App (Old Form) Expiration date: 8/29/2021 Medical (New Form) 10/6/2024
<input type="checkbox"/> Foder, Isaac	Male	Active	Athlete Consent Signature Date: 9/13/2021 Med App (Old Form) Expiration date: 1/29/2023 Medical (New Form) 9/13/2024
<input type="checkbox"/> Honchar, Oleskii	Male	Active	Athlete Consent Signature Date: 9/7/2021 Med App (Old Form) Expiration date: 9/15/2022 Medical (New Form) 9/13/2024
<input type="checkbox"/> Huber, Sawyer	Male	Active	Athlete Consent Signature Date: 8/16/2022 Med App (Old Form) Medical (New Form) 4/7/2025
<input type="checkbox"/> Lynn, Rylan	Female	Active	Athlete Consent Signature Date: 4/23/2022 Med App (Old Form) Medical (New Form) 12/10/2024
<input type="checkbox"/> Monast-Garcia, Deion	Male	Active	Athlete Consent Signature Date: 9/13/2022 Med App (Old Form) Medical (New Form) 9/22/2025
<input type="checkbox"/> Mosqueda, Ben	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/4/2021 Medical (New Form)
<input type="checkbox"/> Slansky, Alyson	Female	Active	Athlete Consent Signature Date: 9/20/2021 Med App (Old Form) Expiration date: 9/3/2022 Medical (New Form) 10/4/2024
<input type="checkbox"/> Squibb, Zack	Male	Active	Athlete Consent Signature Date: 9/13/2021 Med App (Old Form) Medical (New Form) 8/11/2025

Sport Roster

K - Frankfort Intermediate Sch



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Tanner, McCormick	Male	Active	Athlete Consent Signature Date: 9/10/2021 Med App (Old Form) Expiration date: 2/6/2022 Medical (New Form) 2/21/2024
<input type="checkbox"/> Trusty, Riley	Male	Active	Athlete Consent Signature Date: 9/13/2021 Med App (Old Form) Medical (New Form) 9/13/2024
<input type="checkbox"/> West, Joshlynn	Female	Active	Athlete Consent Signature Date: 9/13/2021 Med App (Old Form) Medical (New Form) 8/29/2025
<input type="checkbox"/> Wilkins, Andrew	Male	Active	Athlete Consent Signature Date: 9/10/2022 Med App (Old Form) Medical (New Form) 8/9/2025
<input type="checkbox"/> Williams, Castiel	Male	Active	Athlete Consent Signature Date: 9/13/2021 Med App (Old Form) Medical (New Form) 9/14/2024

Please list any additional athletes not included above here.

Sport Roster

K - Franklin Park Middle School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Albert, Brandi	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/12/2021 Medical (New Form)
<input type="checkbox"/> Albert, Brandon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/12/2021 Medical (New Form)
<input type="checkbox"/> Anglen, Damon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/7/2022 Medical (New Form)
<input type="checkbox"/> Baur, Ruth	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Eberhart, Isabella	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/25/2022 Medical (New Form)
<input type="checkbox"/> Garcia, Valentin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/21/2022 Medical (New Form)
<input type="checkbox"/> Garney, Kaiden	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/26/2022 Medical (New Form)
<input type="checkbox"/> Graham, Mason	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/5/2022 Medical (New Form)
<input type="checkbox"/> Hawkins, Kolten	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form)
<input type="checkbox"/> Hickman, Rylan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form)
<input type="checkbox"/> Linder, Sophia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Morlan, Adam	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)

Sport Roster

K - Franklin Park Middle School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Moureau, Kyle	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/7/2022 Medical (New Form)
<input type="checkbox"/> Phillips, Carter	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/8/2022 Medical (New Form)
<input type="checkbox"/> Potter, Drayton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Skiles, Atticus	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/24/2022 Medical (New Form)
<input type="checkbox"/> Smith, Evan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Spencer, Aleczander	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/7/2022 Medical (New Form)
<input type="checkbox"/> Tate, Mattea	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/21/2022 Medical (New Form)
<input type="checkbox"/> Thomas, Malakia	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/6/2022 Medical (New Form)
<input type="checkbox"/> Vermaas, Jeremiah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form)
<input type="checkbox"/> Woods, Emma	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Free Agents

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Ball, Gage	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/15/2021 Medical (New Form)
<input type="checkbox"/> Bealer, Jacob A	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/12/2022 Medical (New Form)
<input type="checkbox"/> Braden, Ty	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/16/2021 Medical (New Form)
<input type="checkbox"/> Burton, Marcus	Male	Active	Athlete Consent Signature Date: 8/26/2021 Med App (Old Form) Expiration date: 10/23/2021 Medical (New Form) 8/5/2024
<input type="checkbox"/> Butler, Daniel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/6/2022 Medical (New Form)
<input type="checkbox"/> Butler, Logan	Male	Active	Athlete Consent Signature Date: 8/16/2021 Med App (Old Form) Expiration date: 9/17/2021 Medical (New Form) 8/30/2024
<input type="checkbox"/> Calvert, Jericka	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/12/2022 Medical (New Form)
<input type="checkbox"/> Cates, Haven	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Chowning-York, Dawson	Male	Active	Athlete Consent Signature Date: 8/26/2021 Med App (Old Form) Expiration date: 2/4/2022 Medical (New Form) 8/25/2024
<input type="checkbox"/> Coleman, Sheridan K	Female	Active	Athlete Consent Signature Date: 7/22/2021 Med App (Old Form) Expiration date: 11/7/2021 Medical (New Form) 6/17/2024
K - Southern Illinois Ohana			
<input type="checkbox"/> Cooper, Jordan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/13/2022 Medical (New Form)
<input type="checkbox"/> Cox, Alexis	Female	Active	Athlete Consent Signature Date: 3/29/2022 Med App (Old Form) Expiration date: 3/13/2021 Medical (New Form) 3/21/2025

Sport Roster



K - Free Agents

Sport/Tournament: _____

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NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Cravens, Baleigh	Female	Active	Athlete Consent Signature Date: 6/23/2022 Med App (Old Form) Expiration date: 1/15/2023 Medical (New Form)
<input type="checkbox"/> Crawford, Chaylee	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/8/2021 Medical (New Form)
<input type="checkbox"/> Crawford, Shelby	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/7/2021 Medical (New Form)
<input type="checkbox"/> Cullison, Ashley	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/4/2022 Medical (New Form)
<input type="checkbox"/> Curtis, Jaymes	Male	Active	Athlete Consent Signature Date: 9/3/2021 Med App (Old Form) Expiration date: 5/17/2024 Medical (New Form)
<input type="checkbox"/> Davis, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/5/2021 Medical (New Form)
<input type="checkbox"/> Densler, Valerie	Female	Active	Athlete Consent Signature Date: 10/29/2021 Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)
<input type="checkbox"/> Devillez, Marilyn	Female	Active	Athlete Consent Signature Date: 8/16/2021 Med App (Old Form) Expiration date: 1/1/2022 Medical (New Form) 8/10/2024
<input type="checkbox"/> Dixon, Stephanie A	Female	Active	Athlete Consent Signature Date: 6/21/2022 Med App (Old Form) Expiration date: 6/17/2022 Medical (New Form) 11/22/2024
<input type="checkbox"/> Donaldson, Connie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/16/2021 Medical (New Form)
<input type="checkbox"/> Doughty, Mary Ann	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/27/2022 Medical (New Form)
<input type="checkbox"/> Earl, Adreami	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> England, Rain	Female	Active	Athlete Consent Signature Date: 8/13/2021 Med App (Old Form) Expiration date: 8/20/2022 Medical (New Form)
<input type="checkbox"/> England, Zoey	Female	Active	Athlete Consent Signature Date: 8/23/2021 Med App (Old Form) Expiration date: 8/26/2021 Medical (New Form) 9/3/2024
<input type="checkbox"/> Falkenheim, Tristan	Male	Active	Athlete Consent Signature Date: 1/11/2022 Med App (Old Form) Medical (New Form) 1/27/2025
<input type="checkbox"/> Felty, Chad E	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/27/2022 Medical (New Form)
<input type="checkbox"/> Fitzsimmons, Jerry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Medical (New Form)
<input type="checkbox"/> Fugate, Hannah	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/5/2021 Medical (New Form)
<input type="checkbox"/> Fuller, Hailie	Female	Active	Athlete Consent Signature Date: 9/5/2022 Med App (Old Form) Medical (New Form) 9/6/2025
<input type="checkbox"/> Geuvens, Kimberly	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/17/2021 Medical (New Form)
<input type="checkbox"/> Gibbs, Havan	Female	Active	Athlete Consent Signature Date: 9/17/2021 Med App (Old Form) Expiration date: 8/19/2022 Medical (New Form) 8/1/2025
<input type="checkbox"/> Goins, Jewell	Female	Active	Athlete Consent Signature Date: 1/18/2022 Med App (Old Form) Expiration date: 7/22/2022 Medical (New Form)
<input type="checkbox"/> Gott, Jeremy	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/26/2021 Medical (New Form)
<input type="checkbox"/> Gray, Richard	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/13/2022 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Grogan, Dominic	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/28/2022 Medical (New Form)
<input type="checkbox"/> Gurley, Jasmine	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/20/2021 Medical (New Form)
<input type="checkbox"/> Hageman, Richard (Austin)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Hager, Kendra	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/5/2021 Medical (New Form)
<input type="checkbox"/> Hale, Chance	Male	Active	Athlete Consent Signature Date: 8/17/2021 Med App (Old Form) Expiration date: 8/26/2022 Medical (New Form) 8/23/2025
<input type="checkbox"/> Hall, Ryan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/6/2022 Medical (New Form)
<input type="checkbox"/> Hansen, Brenda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/8/2021 Medical (New Form)
<input type="checkbox"/> Hansen, Paul	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/14/2021 Medical (New Form)
<input type="checkbox"/> Harris, Lawreon R	Male	Active	Athlete Consent Signature Date: 11/16/2021 Med App (Old Form) Expiration date: 11/4/2021 Medical (New Form) 11/16/2024
<input type="checkbox"/> Harris Jr, Thomas	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/5/2022 Medical (New Form)
<input type="checkbox"/> Heard, Quincy	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/23/2021 Medical (New Form)
<input type="checkbox"/> Henley, John M	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/30/2022 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Hicks, Heaven	Female	Active	Athlete Consent Signature Date: 8/24/2021 Med App (Old Form) Expiration date: 10/16/2021 Medical (New Form) 11/1/2024
<input type="checkbox"/> Hill, Nathan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/24/2022 Medical (New Form)
<input type="checkbox"/> Hornal, Anthony (Tony)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> House, Craig	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/12/2023 Medical (New Form)
<input type="checkbox"/> Johnson, Colin	Male	Active	Athlete Consent Signature Date: 8/12/2021 Med App (Old Form) Expiration date: 10/8/2022 Medical (New Form) 9/19/2025
<input type="checkbox"/> Johnson, Dakota	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/11/2022 Medical (New Form)
<input type="checkbox"/> Jolly, Elijah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Kendrick, Tamara	Female	Active	Athlete Consent Signature Date: 7/21/2021 Med App (Old Form) Expiration date: 8/25/2021 Medical (New Form) 7/21/2024
<input type="checkbox"/> Koekemoer, Jaco	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/27/2021 Medical (New Form) 7/20/2024
<input type="checkbox"/> Kulis, Braden	Male	Active	Athlete Consent Signature Date: 10/4/2021 Med App (Old Form) Expiration date: 8/21/2021 Medical (New Form) 5/13/2024
<input type="checkbox"/> Larsen, Shayne	Male	Active	Athlete Consent Signature Date: 8/15/2021 Med App (Old Form) Expiration date: 3/25/2022 Medical (New Form) 8/16/2024
<input type="checkbox"/> Lively, Ronald (Ron)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Maxham, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/28/2022 Medical (New Form)
<input type="checkbox"/> McFarland, Christine Marie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/6/2021 Medical (New Form)
<input type="checkbox"/> McGuire, Austin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/10/2022 Medical (New Form)
<input type="checkbox"/> Middleton, Brooke	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/25/2021 Medical (New Form)
<input type="checkbox"/> Miller, Brandon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/7/2022 Medical (New Form)
<input type="checkbox"/> Miller, Kyle	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Miller, Mary	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/3/2022 Medical (New Form)
<input type="checkbox"/> Milligan, Conner	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/13/2021 Medical (New Form)
<input type="checkbox"/> Moore, Lily	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/18/2022 Medical (New Form)
<input type="checkbox"/> Newell, Ty D	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/17/2021 Medical (New Form)
<input type="checkbox"/> Newlin, Devante J	Male	Active	Athlete Consent Signature Date: 9/29/2021 Med App (Old Form) Expiration date: 10/15/2021 Medical (New Form) 9/29/2024
<input type="checkbox"/> Overfield, Sean	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Oxford, Attila Morgan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Pack, Caleb E	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Pack, Kamen	Male	Active	Athlete Consent Signature Date: 9/9/2021 Med App (Old Form) Expiration date: 11/1/2021 Medical (New Form) 9/10/2024
<input type="checkbox"/> Pate, Remington	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/16/2021 Medical (New Form)
<input type="checkbox"/> Phillips, Alexander	Male	Active	Athlete Consent Signature Date: 10/27/2021 Med App (Old Form) Expiration date: 4/24/2022 Medical (New Form)
<input type="checkbox"/> Potts, Chayce	Male	Active	Athlete Consent Signature Date: 1/18/2022 Med App (Old Form) Medical (New Form) 2/15/2025
<input type="checkbox"/> Pyron, Broxton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/14/2021 Medical (New Form)
<input type="checkbox"/> Quinn, Chloe	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/10/2022 Medical (New Form)
<input type="checkbox"/> Randolph, Charles	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/30/2021 Medical (New Form)
<input type="checkbox"/> Raper, Alexandra	Female	Active	Athlete Consent Signature Date: 9/4/2021 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Reed, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/28/2022 Medical (New Form)
<input type="checkbox"/> Reeves, Emily	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/30/2021 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Reich, Preston	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/11/2021 Medical (New Form)
<input type="checkbox"/> Rich, Gary Russel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)
<input type="checkbox"/> Robinson, Brandon A	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/20/2021 Medical (New Form)
<input type="checkbox"/> Robinson, Mark	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/4/2021 Medical (New Form)
<input type="checkbox"/> Roche, Rachael	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/27/2022 Medical (New Form)
<input type="checkbox"/> Rogers, Alexandra (Allie) M	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/10/2022 Medical (New Form)
<input type="checkbox"/> Rubin, Ronald (Ron)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/15/2021 Medical (New Form)
<input type="checkbox"/> Sargent, Dakota	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/20/2021 Medical (New Form)
<input type="checkbox"/> Scarber, Brandon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/1/2021 Medical (New Form)
<input type="checkbox"/> Schroeder, Baileigh	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/20/2021 Medical (New Form)
<input type="checkbox"/> Serafini, Mia	Female	Active	Athlete Consent Signature Date: 8/2/2021 Med App (Old Form) Expiration date: 6/19/2022 Medical (New Form) 7/28/2025
<input type="checkbox"/> Shaw, Michele Ruth	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/7/2022 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Shelton, Lukas	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Slaton, Katie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/20/2021 Medical (New Form)
<input type="checkbox"/> Staley, Dacoda	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/23/2021 Medical (New Form)
<input type="checkbox"/> Stallard, Jeremy	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 9/16/2001 Medical (New Form) 4/5/2025
<input type="checkbox"/> Stover, Josie	Female	Active	Athlete Consent Signature Date: 4/14/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 10/9/2024
<input type="checkbox"/> Summers, Hailey	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/12/2022 Medical (New Form)
<input type="checkbox"/> Summers, Nathan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/13/2022 Medical (New Form)
<input type="checkbox"/> Summers, Rayne	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/22/2021 Medical (New Form)
<input type="checkbox"/> Sutton, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/5/2023 Medical (New Form)
<input type="checkbox"/> Thornley, Austen	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2022 Medical (New Form)
<input type="checkbox"/> Traub, Alexander	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/6/2022 Medical (New Form)
<input type="checkbox"/> Turnipseed, Ajaya	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/8/2022 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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Name	Gender	Status	Medical
<input type="checkbox"/> Tyndall, Harley	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/11/2022 Medical (New Form)
<input type="checkbox"/> VanHorn, Austin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/18/2022 Medical (New Form)
<input type="checkbox"/> Vanwey, Hunter	Male	Active	Athlete Consent Signature Date: 10/5/2021 Med App (Old Form) Expiration date: 1/28/2022 Medical (New Form) 10/5/2024
<input type="checkbox"/> Wallace, Mason	Male	Active	Athlete Consent Signature Date: 2/24/2022 Med App (Old Form) Medical (New Form)
<input type="checkbox"/> Ward, Trentin	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 1/19/2023 Medical (New Form)
<input type="checkbox"/> Wargel, Macy	Female	Active	Athlete Consent Signature Date: 8/16/2021 Med App (Old Form) Expiration date: 9/15/2022 Medical (New Form) 8/18/2025
<input type="checkbox"/> Warren, Jacob	Male	Active	Athlete Consent Signature Date: 7/28/2022 Med App (Old Form) Medical (New Form) 8/12/2025
<input type="checkbox"/> Wells, Dennis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/13/2022 Medical (New Form)
<input type="checkbox"/> Williams, Brandon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form)
<input type="checkbox"/> Williams, Collin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/15/2021 Medical (New Form)
<input type="checkbox"/> Winkleman, Joseph	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/9/2022 Medical (New Form)
<input type="checkbox"/> Withrow, Patrick	Male	Active	Athlete Consent Signature Date: 2/10/2022 Med App (Old Form) Expiration date: 10/20/2022 Medical (New Form)

Sport Roster



K - Free Agents

Sport/Tournament: _____

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<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Wolf, Mathew	Male	Active	Athlete Consent Signature Date: 9/3/2021 Med App (Old Form) Expiration date: 9/9/2022 Medical (New Form) 8/5/2025
<input type="checkbox"/> Wood, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/2/2021 Medical (New Form)
<input type="checkbox"/> Woolard, Lloyd	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/4/2022 Medical (New Form)
<input type="checkbox"/> Ziehm, Nathaniel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/2/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Gallatin County CUSD 7



Sport/Tournament: _____

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NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Brooks, Kyla	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/2/2021 Medical (New Form)
<input type="checkbox"/> Ward, Isabella	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/4/2021 Medical (New Form)
<input type="checkbox"/> Wargel, Penelope	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/11/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Goreville School

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Baker, Kennedy	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/16/2023 Medical (New Form)
<input type="checkbox"/> Darnell, Kamryn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/28/2022 Medical (New Form)
<input type="checkbox"/> Hanson, Emily	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form)
<input type="checkbox"/> Phalin, Jamie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/9/2022 Medical (New Form)
<input type="checkbox"/> Ruhe, Joyanna	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/4/2022 Medical (New Form)
<input type="checkbox"/> Serna, Shylynn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/21/2022 Medical (New Form)
<input type="checkbox"/> Turner, Gabriel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/30/2022 Medical (New Form)
<input type="checkbox"/> Wallace, Jacob	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/8/2022 Medical (New Form)
<input type="checkbox"/> Whittington, Aydyn	Male	Active	Athlete Consent Signature Date: 8/22/2022 Med App (Old Form) Expiration date: 12/11/2022 Medical (New Form) 8/16/2025

Please list any additional athletes not included above here.

Sport Roster

K - Hamilton County CUSD 10



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Churchwell, Brac	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/10/2022 Medical (New Form)
<input type="checkbox"/> Forrester, Kathy	Female	Active	Athlete Consent Signature Date: 3/24/2022 Med App (Old Form) Expiration date: 9/17/2022 Medical (New Form) 4/4/2025
K - Purple Miracles			
<input type="checkbox"/> Henderson, Clayton	Male	Active	Athlete Consent Signature Date: 1/25/2022 Med App (Old Form) Expiration date: 8/13/2022 Medical (New Form) 1/28/2025
<input type="checkbox"/> Link, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/27/2022 Medical (New Form)
<input type="checkbox"/> Pate, Gracie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/23/2023 Medical (New Form)
<input type="checkbox"/> Patton, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/17/2022 Medical (New Form)
<input type="checkbox"/> Rister, Christian	Male	Active	Athlete Consent Signature Date: 12/27/2021 Med App (Old Form) Expiration date: 2/19/2022 Medical (New Form) 1/17/2025

Please list any additional athletes not included above here.

Sport Roster

K - Hardin County Cougars



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Ashford, Cole	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/18/2021 Medical (New Form)
<input type="checkbox"/> Davis, Ashton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/14/2021 Medical (New Form)
<input type="checkbox"/> Jolly, Ann Marie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/19/2022 Medical (New Form)
<input type="checkbox"/> Newton, Matthew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Harrisburg Dawgs

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Brown, Brian	Male	Active	Athlete Consent Signature Date: 11/11/2021 Med App (Old Form) Expiration date: 3/26/2024 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Herrin Elementary School

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Berry, Savoy	Male	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Expiration date: 2/17/2023 Medical (New Form)
<input type="checkbox"/> Boyd, Chandler	Male	Active	Athlete Consent Signature Date: 3/17/2022 Med App (Old Form) Expiration date: 3/6/2022 Medical (New Form) 3/17/2025
<input type="checkbox"/> Buchanan, Kendreana	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/11/2023 Medical (New Form)
<input type="checkbox"/> Dudek, Maddie	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/28/2022 Medical (New Form)
<input type="checkbox"/> Miller, Jackson	Male	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Expiration date: 2/23/2023 Medical (New Form)
<input type="checkbox"/> Murrie, Gabrielle (Gabby)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/9/2023 Medical (New Form)
<input type="checkbox"/> Overturf, Olivia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Peppers, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/26/2022 Medical (New Form)
<input type="checkbox"/> Peterson, Jordan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/26/2023 Medical (New Form)
<input type="checkbox"/> Ray, Ethan	Male	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form) 3/7/2025
<input type="checkbox"/> Smith, Tashawn	Male	Active	Athlete Consent Signature Date: 3/21/2022 Med App (Old Form) Expiration date: 1/15/2022 Medical (New Form) 3/31/2024
<input type="checkbox"/> Swan, Jerry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/27/2023 Medical (New Form)

Sport Roster

K - Herrin Elementary School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Teckenbrock, Faith	Female	Active	Athlete Consent Signature Date: 3/3/2022 Med App (Old Form) Expiration date: 6/7/2021 Medical (New Form) 4/2/2025
<input type="checkbox"/> Teckenbrock, Malachi	Male	Active	Athlete Consent Signature Date: 3/3/2022 Med App (Old Form) Medical (New Form) 4/2/2025
<input type="checkbox"/> Tucker, Kylie	Female	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Medical (New Form) 7/17/2023

Please list any additional athletes not included above here.

Sport Roster

K - Herrin High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Beehn, Cheyenne	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/8/2024 Medical (New Form)
<input type="checkbox"/> Bowman, Nicole	Female	Active	Athlete Consent Signature Date: 9/20/2021 Med App (Old Form) Expiration date: 8/12/2022 Medical (New Form)
<input type="checkbox"/> Clark, Jordan	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/20/2022 Medical (New Form)
<input type="checkbox"/> Graziano Jr, Joseph	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/15/2022 Medical (New Form)
<input type="checkbox"/> Harger, Zachary	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/23/2023 Medical (New Form)
<input type="checkbox"/> Harris, Shyla	Female	Active	Athlete Consent Signature Date: 10/21/2021 Med App (Old Form) Expiration date: 9/4/2022 Medical (New Form)
<input type="checkbox"/> Horn, Zachary	Male	Active	Athlete Consent Signature Date: 11/5/2021 Med App (Old Form) Expiration date: 1/19/2023 Medical (New Form)
<input type="checkbox"/> Lewis, Wyatt	Male	Active	Athlete Consent Signature Date: 9/28/2021 Med App (Old Form) Expiration date: 2/10/2022 Medical (New Form) 2/2/2025
<input type="checkbox"/> Little, Ronni	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/25/2022 Medical (New Form)
<input type="checkbox"/> Matuszczak, Amber	Female	Active	Athlete Consent Signature Date: 11/5/2021 Med App (Old Form) Expiration date: 1/20/2023 Medical (New Form)
<input type="checkbox"/> Meller, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/7/2022 Medical (New Form)
<input type="checkbox"/> Milani, Abbygail	Female	Active	Athlete Consent Signature Date: 4/7/2022 Med App (Old Form) Expiration date: 8/9/2021 Medical (New Form) 2/15/2025

Sport Roster

K - Herrin High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Murphy, Jakob	Male	Active	Athlete Consent Signature Date: 8/14/2021 Med App (Old Form) Expiration date: 8/28/2021 Medical (New Form) 9/7/2024
<input type="checkbox"/> Murrie, Myah Nicole	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/9/2023 Medical (New Form)
<input type="checkbox"/> Nation, Seth	Male	Active	Athlete Consent Signature Date: 9/7/2021 Med App (Old Form) Medical (New Form) 9/7/2024
<input type="checkbox"/> Perkins, Noah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)
<input type="checkbox"/> Robinson, Corey	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2022 Medical (New Form)
<input type="checkbox"/> Smothers, Dalton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/25/2023 Medical (New Form)
<input type="checkbox"/> Teckenbrock, Mary	Female	Active	Athlete Consent Signature Date: 11/5/2021 Med App (Old Form) Expiration date: 6/2/2022 Medical (New Form)
<input type="checkbox"/> Waddy, Kwantez	Male	Active	Athlete Consent Signature Date: 10/21/2021 Med App (Old Form) Expiration date: 9/15/2022 Medical (New Form)
<input type="checkbox"/> Yates, Alexis	Female	Active	Athlete Consent Signature Date: 11/5/2021 Med App (Old Form) Expiration date: 11/17/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Herrin Junior HS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Garegnani, Jayden	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/11/2022 Medical (New Form)
<input type="checkbox"/> Griffith, Alexander A	Male	Active	Athlete Consent Signature Date: 4/19/2022 Med App (Old Form) Expiration date: 4/7/2024 Medical (New Form)
<input type="checkbox"/> Hargraves, Lauryn	Female	Active	Athlete Consent Signature Date: 3/28/2022 Med App (Old Form) Medical (New Form) 4/1/2025
<input type="checkbox"/> Kirby, Zoey	Female	Active	Athlete Consent Signature Date: 3/7/2022 Med App (Old Form) Expiration date: 4/4/2019 Medical (New Form) 3/7/2025
<input type="checkbox"/> Little, David	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - ILS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Bauer, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/28/2022 Medical (New Form)
<input type="checkbox"/> Bean, Dianne	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/31/2021 Medical (New Form)
<input type="checkbox"/> Broadnax, Tyrone	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/31/2021 Medical (New Form)
<input type="checkbox"/> Brown, Davoss	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/31/2021 Medical (New Form)
<input type="checkbox"/> Eckols, Christina	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/24/2021 Medical (New Form)
<input type="checkbox"/> Gonzalez, Richard (Ricky)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/28/2022 Medical (New Form)
<input type="checkbox"/> Greenwell, James (Jimmy)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/5/2021 Medical (New Form)
<input type="checkbox"/> Hafford, Paula	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/10/2022 Medical (New Form)
<input type="checkbox"/> Hall, Rufus	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/1/2022 Medical (New Form)
<input type="checkbox"/> Iler, Jerry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/22/2022 Medical (New Form)
<input type="checkbox"/> Milligan, Perry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/31/2021 Medical (New Form)
<input type="checkbox"/> Peppers, Otis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/31/2022 Medical (New Form)

Sport Roster



K - ILS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Peters, Alexander	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/25/2022 Medical (New Form)
<input type="checkbox"/> Rozycki, Michael (Mike)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/31/2022 Medical (New Form)
<input type="checkbox"/> Smith, Martin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/18/2022 Medical (New Form)
<input type="checkbox"/> Smith, Willie	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/30/2021 Medical (New Form)
<input type="checkbox"/> Tipler, Detries	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/31/2022 Medical (New Form)
<input type="checkbox"/> Tressidor, Benjamin (Benny)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/31/2022 Medical (New Form)
<input type="checkbox"/> Tyler, Darla	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/7/2021 Medical (New Form)
<input type="checkbox"/> Vaughn, Gaje	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/18/2022 Medical (New Form)
<input type="checkbox"/> Whitford, George	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/28/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Independent-Kieffer

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Ankenbrandt, Aaron	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/31/2022 Medical (New Form)
<input type="checkbox"/> Baker, Blake	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/6/2022 Medical (New Form)
<input type="checkbox"/> Berberich, Tristan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Buchanan, Katherine (Katie)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/23/2023 Medical (New Form)
<input type="checkbox"/> Carmickle, Donald (Eddie)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form)
<input type="checkbox"/> Cook, Daren	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/23/2022 Medical (New Form)
<input type="checkbox"/> Dawson, Sabra Nicole	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/30/2021 Medical (New Form)
<input type="checkbox"/> James, Joshua	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/10/2023 Medical (New Form)
<input type="checkbox"/> Kieffer, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/16/2021 Medical (New Form)
<input type="checkbox"/> Myers, Jennifer	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/18/2022 Medical (New Form)
<input type="checkbox"/> Slough, Katlin	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/5/2022 Medical (New Form)
<input type="checkbox"/> Tice, Telenia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/12/2022 Medical (New Form)

Sport Roster



K - Independent-Kieffer

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Whitten, Meloni	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/30/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Independent-Mestel

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Mestel, Katrina	Female	Active	Athlete Consent Signature Date: 9/9/2021 Med App (Old Form) Expiration date: 9/25/2021 Medical (New Form) 6/24/2024

Please list any additional athletes not included above here.

Sport Roster



K - Independent-Nigro

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Nigro, Callie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/5/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - JC Jets

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Alvey, Ariel	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/25/2022 Medical (New Form)
<input type="checkbox"/> Barnes, Shannon Trevon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/28/2022 Medical (New Form)
<input type="checkbox"/> Bindner, Leonard	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/18/2021 Medical (New Form)
<input type="checkbox"/> Boyd, Leo	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Cain, April	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/21/2021 Medical (New Form)
<input type="checkbox"/> Cain, Caleb	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/6/2023 Medical (New Form)
<input type="checkbox"/> Cain, Elbert (Elmo)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/5/2023 Medical (New Form)
<input type="checkbox"/> Canning, William	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/9/2022 Medical (New Form)
<input type="checkbox"/> Cantrell, Jackie D	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/23/2021 Medical (New Form)
<input type="checkbox"/> Cisco, Dandre Wrashian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/4/2021 Medical (New Form)
<input type="checkbox"/> Cisco, Whelmi (Doki)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/30/2022 Medical (New Form)
<input type="checkbox"/> Cisco, Wragiri	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/30/2022 Medical (New Form)

Sport Roster



K - JC Jets

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Clark, Jessica M.	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Colon, Rafael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Curtis, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Dersch, Anthony C	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Deveau, Thommi	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/21/2021 Medical (New Form)
<input type="checkbox"/> Donovan, John	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/24/2022 Medical (New Form)
<input type="checkbox"/> Downey, Denver	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/30/2021 Medical (New Form)
<input type="checkbox"/> DuSable, John	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Gunter, Brian S	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/5/2023 Medical (New Form)
<input type="checkbox"/> Hall, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/3/2021 Medical (New Form)
<input type="checkbox"/> Hast, Angelia (Angie)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/9/2022 Medical (New Form)
<input type="checkbox"/> Heltzel, Shaun	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/19/2022 Medical (New Form)

Sport Roster



K - JC Jets

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Hinson, Shane	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/27/2022 Medical (New Form)
<input type="checkbox"/> Ilbery, Timothy (Tim)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/5/2022 Medical (New Form)
<input type="checkbox"/> Irvin, Sydney	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/4/2021 Medical (New Form)
<input type="checkbox"/> Jearlds, Leon (Johnny)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Jones, Charles E	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/26/2022 Medical (New Form)
<input type="checkbox"/> Jones, Rashieda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/17/2021 Medical (New Form)
<input type="checkbox"/> Koch, Dominique	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/22/2022 Medical (New Form)
<input type="checkbox"/> Levato, Russell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/17/2021 Medical (New Form)
<input type="checkbox"/> Mayberry, Walter	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/18/2021 Medical (New Form)
<input type="checkbox"/> McClellan, Emanuel (Manny)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/16/2022 Medical (New Form)
<input type="checkbox"/> McCowen, Brady	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/16/2022 Medical (New Form)
<input type="checkbox"/> Miller, Donald D	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/2/2022 Medical (New Form)

Sport Roster



K - JC Jets

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Moore, Charles	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Odle, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/2/2022 Medical (New Form)
<input type="checkbox"/> Phillips, Zachary William	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Pickford, Jackson	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/22/2022 Medical (New Form)
<input type="checkbox"/> Pigg, Jason	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/4/2022 Medical (New Form)
<input type="checkbox"/> Pinkston, Edward	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Prayer, Micah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/5/2021 Medical (New Form)
<input type="checkbox"/> Sandy, Terry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/24/2022 Medical (New Form)
<input type="checkbox"/> Simmons, Avery	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Smith, Ezrra Christan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/4/2021 Medical (New Form)
<input type="checkbox"/> Steinheimer, Christopher	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/5/2021 Medical (New Form)
<input type="checkbox"/> Valentine, Anthony	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/7/2022 Medical (New Form)

Sport Roster



K - JC Jets

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Vanatta, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/5/2021 Medical (New Form)
<input type="checkbox"/> Walden, Richard (Rick)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/22/2021 Medical (New Form)
<input type="checkbox"/> Ward, Chad	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/21/2021 Medical (New Form)
<input type="checkbox"/> White, Timothy	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/3/2021 Medical (New Form)
<input type="checkbox"/> White, Tristan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/5/2021 Medical (New Form)
<input type="checkbox"/> Yates, Alicia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/21/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Johnston City Tribe

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Blaise, George A	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/12/2023 Medical (New Form)
<input type="checkbox"/> Filback, Travis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/8/2022 Medical (New Form)
<input type="checkbox"/> Filback, Wyatt	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/8/2022 Medical (New Form)
<input type="checkbox"/> Garza, Matthew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/13/2023 Medical (New Form)
<input type="checkbox"/> Staley, Kendra	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/30/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Kaskaskia Wksp-CILA

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Betz, Sarah	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/5/2022 Medical (New Form)
<input type="checkbox"/> Black, Crystal L	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/13/2022 Medical (New Form)
<input type="checkbox"/> Branson, Shawn	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/6/2022 Medical (New Form)
<input type="checkbox"/> Dust, Norman (Bruce)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/13/2022 Medical (New Form)
<input type="checkbox"/> Gamblin, John	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/2/2022 Medical (New Form)
<input type="checkbox"/> Gherardini, Anthony	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/8/2022 Medical (New Form)
<input type="checkbox"/> Gibbs, Ruby	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/15/2022 Medical (New Form)
<input type="checkbox"/> Holmes, Heather	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/16/2022 Medical (New Form)
<input type="checkbox"/> Hull, Lessley	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/14/2022 Medical (New Form)
<input type="checkbox"/> Klamm, John	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/15/2022 Medical (New Form)
<input type="checkbox"/> Koehler, Erik	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/16/2022 Medical (New Form)
<input type="checkbox"/> Mellulis, Jason	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/10/2022 Medical (New Form)

Sport Roster



K - Kaskaskia Wksp-CILA

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Modesty, Carol J	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/22/2022 Medical (New Form)
<input type="checkbox"/> Mullins, David	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/9/2023 Medical (New Form)
<input type="checkbox"/> O'Connor, Melissa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/15/2022 Medical (New Form)
<input type="checkbox"/> Schuchmann, Jennifer	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/22/2022 Medical (New Form)
<input type="checkbox"/> Schuchmann, Steven Ray	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/16/2022 Medical (New Form)
<input type="checkbox"/> Yocum, Lisa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/11/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Kinmundy Krew

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Campbell, Marissa D	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form)
<input type="checkbox"/> Hawkins, Joshua	Male	Active	Athlete Consent Signature Date: 3/1/2022 Med App (Old Form) Expiration date: 3/7/2022 Medical (New Form) 3/1/2025

Please list any additional athletes not included above here.

Sport Roster

K - Krypton Inc



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Whited, Michael	Male	Active	Athlete Consent Signature Date: 3/9/2022 Med App (Old Form) Expiration date: 1/22/2021 Medical (New Form) 2/25/2025

K - Arrowleaf

Please list any additional athletes not included above here.

Sport Roster



K - Lincoln Square

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Brost, Ronald	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/7/2022 Medical (New Form)
<input type="checkbox"/> Campbell, Shaun	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/7/2022 Medical (New Form)
<input type="checkbox"/> Cunningham, Idella	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/7/2022 Medical (New Form)
<input type="checkbox"/> Horn, Homer	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/8/2022 Medical (New Form)
<input type="checkbox"/> Jobe, Charlene	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/24/2021 Medical (New Form)
<input type="checkbox"/> Johnson, Perry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/24/2021 Medical (New Form)
<input type="checkbox"/> Ratke, Russell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/24/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Longfellow STRIVE

Sport/Tournament: _____

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NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Cruz, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/16/2022 Medical (New Form)
<input type="checkbox"/> Schweitzer, Riley	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/21/2022 Medical (New Form)
<input type="checkbox"/> Shewmake, Maxwell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/8/2022 Medical (New Form)
<input type="checkbox"/> Stephens, Quentin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/21/2022 Medical (New Form)
<input type="checkbox"/> Thompson, Liam	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/9/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Marion Co Horizon Ctr - Olney



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Ameter, Morgan	Female	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 5/9/2021 Medical (New Form) 4/12/2025
<input type="checkbox"/> Archer, Robyn	Female	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Expiration date: 10/21/2021 Medical (New Form) 3/31/2025
<input type="checkbox"/> Bean, Doris	Female	Active	Athlete Consent Signature Date: 6/7/2021 Med App (Old Form) Expiration date: 3/18/2023 Medical (New Form) 6/17/2024
<input type="checkbox"/> Birk, Patsy	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/24/2022 Medical (New Form)
<input type="checkbox"/> Black, Michael G	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/29/2021 Medical (New Form)
<input type="checkbox"/> Cantrell, Vernal	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/28/2023 Medical (New Form)
<input type="checkbox"/> Estes, Deanna	Female	Active	Athlete Consent Signature Date: 6/24/2021 Med App (Old Form) Expiration date: 3/12/2023 Medical (New Form) 6/17/2024
<input type="checkbox"/> Flexter, Jerry	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 11/28/2020 Medical (New Form) 2/11/2025
<input type="checkbox"/> Frohning, Tara	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/23/2021 Medical (New Form)
<input type="checkbox"/> Frost, Nicholas (Nick)	Male	Active	Athlete Consent Signature Date: 3/30/2022 Med App (Old Form) Expiration date: 1/23/2021 Medical (New Form) 3/23/2025
K - Flora Angels			
<input type="checkbox"/> Gaddey, Angela Joyce	Female	Active	Athlete Consent Signature Date: 6/14/2021 Med App (Old Form) Expiration date: 3/12/2023 Medical (New Form) 6/9/2024
<input type="checkbox"/> Glick, Charles	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form)

Sport Roster

K - Marion Co Horizon Ctr - Olney



Sport/Tournament: _____

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NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Hinson, Cullen	Male	Active	Athlete Consent Signature Date: 7/26/2021 Med App (Old Form) Expiration date: 6/12/2022 Medical (New Form) 6/24/2024
<input type="checkbox"/> Kimmel, Eddie	Male	Active	Athlete Consent Signature Date: 7/15/2021 Med App (Old Form) Expiration date: 6/20/2022 Medical (New Form) 3/17/2025
<input type="checkbox"/> Kimmel, Elijah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/2/2023 Medical (New Form)
<input type="checkbox"/> Klingler, Evan	Male	Active	Athlete Consent Signature Date: 7/8/2021 Med App (Old Form) Expiration date: 9/15/2023 Medical (New Form) 6/16/2024
<input type="checkbox"/> Kretzmann, Joetta	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/6/2023 Medical (New Form)
<input type="checkbox"/> Lamkin, Susan (Susie)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/28/2023 Medical (New Form)
<input type="checkbox"/> Lane, Scott	Male	Active	Athlete Consent Signature Date: 6/18/2021 Med App (Old Form) Expiration date: 3/21/2021 Medical (New Form) 3/7/2025
<input type="checkbox"/> Laswell, Rebecca (Becky)	Female	Active	Athlete Consent Signature Date: 6/4/2021 Med App (Old Form) Expiration date: 3/12/2023 Medical (New Form) 6/7/2024
<input type="checkbox"/> Lawrence, David	Male	Active	Athlete Consent Signature Date: 7/8/2021 Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form) 7/8/2024
<input type="checkbox"/> LeGrand, Debra	Female	Active	Athlete Consent Signature Date: 6/7/2021 Med App (Old Form) Expiration date: 12/16/2022 Medical (New Form) 6/17/2024
<input type="checkbox"/> Legrand, Harold	Male	Active	Athlete Consent Signature Date: 6/7/2021 Med App (Old Form) Expiration date: 3/18/2023 Medical (New Form) 6/17/2024
<input type="checkbox"/> Liddel, Claude	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/28/2023 Medical (New Form)

Sport Roster

K - Marion Co Horizon Ctr - Olney



Sport/Tournament: _____

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<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Luke, Donald	Male	Active	Athlete Consent Signature Date: 6/15/2021 Med App (Old Form) Expiration date: 2/25/2023 Medical (New Form) 6/23/2024
<input type="checkbox"/> McDowell, Grace	Female	Active	Athlete Consent Signature Date: 6/17/2021 Med App (Old Form) Expiration date: 3/6/2023 Medical (New Form) 6/7/2024
<input type="checkbox"/> Miller, Rodney	Male	Active	Athlete Consent Signature Date: 3/4/2022 Med App (Old Form) Medical (New Form) 3/4/2025
<input type="checkbox"/> Nix, Harold	Male	Active	Athlete Consent Signature Date: 7/8/2021 Med App (Old Form) Expiration date: 2/27/2023 Medical (New Form) 6/24/2024
<input type="checkbox"/> Osterman, April	Female	Active	Athlete Consent Signature Date: 6/20/2021 Med App (Old Form) Expiration date: 2/2/2017 Medical (New Form) 6/16/2024
<input type="checkbox"/> Pruett, David	Male	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Medical (New Form) 3/1/2025
<input type="checkbox"/> Robinson, Ryan	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 4/2/2021 Medical (New Form) 3/30/2025
<input type="checkbox"/> Sager, Darold	Male	Active	Athlete Consent Signature Date: 3/17/2022 Med App (Old Form) Medical (New Form) 3/18/2025
<input type="checkbox"/> Samm, Andrew	Male	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Expiration date: 4/3/2021 Medical (New Form) 3/31/2025
<input type="checkbox"/> Seals, Charles Charlie	Male	Active	Athlete Consent Signature Date: 7/26/2021 Med App (Old Form) Expiration date: 2/27/2023 Medical (New Form) 6/24/2024
<input type="checkbox"/> Skogeboe, Lawrence	Male	Active	Athlete Consent Signature Date: 6/7/2021 Med App (Old Form) Expiration date: 3/18/2023 Medical (New Form) 6/17/2024
<input type="checkbox"/> Stark, Kevin	Male	Active	Athlete Consent Signature Date: 6/19/2021 Med App (Old Form) Expiration date: 2/25/2023 Medical (New Form) 6/23/2024

Sport Roster

K - Marion Co Horizon Ctr - Olney



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Stevenson, Jami	Female	Active	Athlete Consent Signature Date: 6/8/2021 Med App (Old Form) Expiration date: 3/6/2023 Medical (New Form) 6/7/2024
<input type="checkbox"/> Stone, Ricky	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/27/2023 Medical (New Form)
<input type="checkbox"/> Vanbuskirk, Norma	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/28/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Marion HS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Brauner, Lillyanna	Female	Active	Athlete Consent Signature Date: 5/1/2022 Med App (Old Form) Expiration date: 2/4/2023 Medical (New Form)
<input type="checkbox"/> Clark, Rachel Lynn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/6/2021 Medical (New Form)
<input type="checkbox"/> Coloni, Makayla	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/31/2022 Medical (New Form)
<input type="checkbox"/> Eairheart, Joshua	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/14/2023 Medical (New Form)
<input type="checkbox"/> Eckols, Ashton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/16/2021 Medical (New Form)
<input type="checkbox"/> Evetts, Thomas	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/23/2023 Medical (New Form)
<input type="checkbox"/> Jones, Yamina	Female	Active	Athlete Consent Signature Date: 5/9/2022 Med App (Old Form) Medical (New Form)
<input type="checkbox"/> Krasselt, Brianna	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/17/2021 Medical (New Form)
<input type="checkbox"/> Mays, Nicole	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/15/2023 Medical (New Form)
<input type="checkbox"/> Miller, Brendan	Male	Active	Athlete Consent Signature Date: 6/13/2022 Med App (Old Form) Expiration date: 3/5/2018 Medical (New Form) 6/10/2025
<input type="checkbox"/> Miranda, Antonio	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Phipps, Andrew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)

Sport Roster



K - Marion HS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Pouncil, Jordan	Male	Active	Athlete Consent Signature Date: 5/2/2022 Med App (Old Form) Expiration date: 9/9/2021 Medical (New Form) 5/2/2025
<input type="checkbox"/> Sciluffo, Elizabeth	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/20/2023 Medical (New Form)
<input type="checkbox"/> Slater, Jacob	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/17/2023 Medical (New Form)
<input type="checkbox"/> Smith, Amanda	Female	Active	Athlete Consent Signature Date: 3/23/2022 Med App (Old Form) Expiration date: 10/7/2021 Medical (New Form) 4/18/2025
<input type="checkbox"/> Solomon, Daniel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/22/2023 Medical (New Form)
<input type="checkbox"/> Street, Ethan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/24/2022 Medical (New Form)
<input type="checkbox"/> Williams, Laini	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/17/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Marion JHS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Atlee, Nicholas	Male	Active	Athlete Consent Signature Date: 3/20/2022 Med App (Old Form) Expiration date: 10/13/2022 Medical (New Form)
<input type="checkbox"/> Crites, Jacob	Male	Active	Athlete Consent Signature Date: 2/1/2022 Med App (Old Form) Expiration date: 8/12/2018 Medical (New Form) 8/23/2024
<input type="checkbox"/> Davis, Sommer	Female	Active	Athlete Consent Signature Date: 5/5/2022 Med App (Old Form) Medical (New Form) 7/19/2025
<input type="checkbox"/> Duncan, Lukas	Female	Active	Athlete Consent Signature Date: 8/10/2022 Med App (Old Form) Medical (New Form) 5/24/2025
<input type="checkbox"/> Edwards, Dustin	Male	Active	Athlete Consent Signature Date: 8/12/2021 Med App (Old Form) Expiration date: 5/2/2021 Medical (New Form) 8/31/2024
<input type="checkbox"/> Gregg, Michelle	Female	Active	Athlete Consent Signature Date: 9/2/2021 Med App (Old Form) Medical (New Form) 9/17/2024
<input type="checkbox"/> Groves, Jerry	Male	Active	Athlete Consent Signature Date: 8/12/2021 Med App (Old Form) Medical (New Form) 9/22/2024
<input type="checkbox"/> Hanson, Monty	Male	Active	Athlete Consent Signature Date: 8/11/2021 Med App (Old Form) Expiration date: 4/16/2022 Medical (New Form) 1/19/2024
<input type="checkbox"/> Huffman, Selena	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/17/2022 Medical (New Form)
<input type="checkbox"/> Lindsey, Timothy	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/6/2022 Medical (New Form)
<input type="checkbox"/> Liyanage, Theruni	Female	Active	Athlete Consent Signature Date: 4/25/2022 Med App (Old Form) Expiration date: 5/23/2021 Medical (New Form)
<input type="checkbox"/> Mwansa, Mulamba	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/7/2022 Medical (New Form)

Sport Roster



K - Marion JHS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Novoa, Aiden	Male	Active	Athlete Consent Signature Date: 3/10/2022 Med App (Old Form) Expiration date: 12/12/2022 Medical (New Form) 3/22/2025
<input type="checkbox"/> Sprague, Eli	Male	Active	Athlete Consent Signature Date: 3/18/2022 Med App (Old Form) Medical (New Form) 2/17/2025
<input type="checkbox"/> Upton, Dalton	Male	Active	Athlete Consent Signature Date: 8/11/2021 Med App (Old Form) Expiration date: 10/16/2022 Medical (New Form) 8/26/2024
<input type="checkbox"/> Welch, Ronnie	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/28/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Massac County



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Blankenbaker, Seth	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/28/2021 Medical (New Form)
<input type="checkbox"/> Noble, Jayce	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/11/2022 Medical (New Form)
<input type="checkbox"/> Ponce, Alexis	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/17/2021 Medical (New Form)
<input type="checkbox"/> Ponce, Natalie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/17/2021 Medical (New Form)
<input type="checkbox"/> Russell, Andrew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/22/2022 Medical (New Form)
<input type="checkbox"/> Spicer, Gabriel Malachi	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/23/2021 Medical (New Form)
<input type="checkbox"/> Stewart, Nolan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/23/2023 Medical (New Form)
<input type="checkbox"/> Williamson, Weslee	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Meridian

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Amerson, Jayon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)
<input type="checkbox"/> Barnett, Kamren	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/21/2022 Medical (New Form)
<input type="checkbox"/> Flowers, Donnell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Flowers, Ronnell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Gibson, Ariana	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/29/2024 Medical (New Form)
<input type="checkbox"/> Hamilton, Dalton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/22/2022 Medical (New Form)
<input type="checkbox"/> Hamilton, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/22/2022 Medical (New Form)
<input type="checkbox"/> Harp, Lacie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/30/2022 Medical (New Form)
<input type="checkbox"/> Harp, Macie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Lang, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/21/2022 Medical (New Form)
<input type="checkbox"/> Ley, Chaz	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Ley, Vanessa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/6/2022 Medical (New Form)

Sport Roster



K - Meridian

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Long, Elye	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/20/2023 Medical (New Form)
<input type="checkbox"/> Maborn, Mitchell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/11/2022 Medical (New Form)
<input type="checkbox"/> Nesby, Ellis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/19/2023 Medical (New Form)
<input type="checkbox"/> Partain, Jacob	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/11/2022 Medical (New Form)
<input type="checkbox"/> Perkins, J Miyah	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/15/2022 Medical (New Form)
<input type="checkbox"/> Powell, Riley	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Sawyer, Chrishon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Spaulding, Madison	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/14/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Mt Vernon HS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Baum, Braden	Male	Active	Athlete Consent Signature Date: 10/21/2021 Med App (Old Form) Expiration date: 9/25/2022 Medical (New Form)
<input type="checkbox"/> Brown, Thomas	Male	Active	Athlete Consent Signature Date: 8/13/2021 Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form) 6/14/2024
<input type="checkbox"/> Dobyys, Wayne	Male	Active	Athlete Consent Signature Date: 11/1/2021 Med App (Old Form) Expiration date: 8/18/2022 Medical (New Form)
<input type="checkbox"/> Ford, Blake	Male	Active	Athlete Consent Signature Date: 12/10/2021 Med App (Old Form) Expiration date: 8/22/2022 Medical (New Form)
<input type="checkbox"/> Garner, Jessica	Female	Active	Athlete Consent Signature Date: 10/20/2021 Med App (Old Form) Expiration date: 8/12/2022 Medical (New Form)
<input type="checkbox"/> Gunter, Brayden	Male	Active	Athlete Consent Signature Date: 1/10/2022 Med App (Old Form) Medical (New Form) 12/10/2024
<input type="checkbox"/> Hardester, Preston	Male	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Expiration date: 2/7/2019 Medical (New Form) 3/18/2025
<input type="checkbox"/> Hutcherson, Richard	Male	Active	Athlete Consent Signature Date: 12/1/2021 Med App (Old Form) Medical (New Form) 11/2/2024
<input type="checkbox"/> Jones, Katelynne	Female	Active	Athlete Consent Signature Date: 7/13/2021 Med App (Old Form) Expiration date: 6/4/2022 Medical (New Form) 7/9/2024
<input type="checkbox"/> McGregory, Heather	Female	Active	Athlete Consent Signature Date: 1/31/2022 Med App (Old Form) Expiration date: 11/20/2022 Medical (New Form)
<input type="checkbox"/> Monroe, Lary	Male	Active	Athlete Consent Signature Date: 10/31/2021 Med App (Old Form) Expiration date: 10/9/2022 Medical (New Form)
<input type="checkbox"/> Morrison, Ryan	Male	Active	Athlete Consent Signature Date: 10/19/2021 Med App (Old Form) Expiration date: 8/26/2022 Medical (New Form)

Sport Roster



K - Mt Vernon HS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Pak, Neo	Male	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 5/6/2022 Medical (New Form) 7/21/2024
<input type="checkbox"/> Phillips, Ashton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/9/2021 Medical (New Form)
<input type="checkbox"/> Pittman, Joseph	Male	Active	Athlete Consent Signature Date: 10/31/2021 Med App (Old Form) Expiration date: 8/12/2022 Medical (New Form) 10/28/2024
<input type="checkbox"/> Pruet, Heather	Female	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 1/6/2023 Medical (New Form)
K - Spring Garden Hawks			
<input type="checkbox"/> Soderlund, Donna	Female	Active	Athlete Consent Signature Date: 10/21/2021 Med App (Old Form) Expiration date: 10/24/2022 Medical (New Form)
<input type="checkbox"/> Teriet, Makai	Male	Active	Athlete Consent Signature Date: 10/20/2021 Med App (Old Form) Expiration date: 4/5/2018 Medical (New Form) 8/18/2024
<input type="checkbox"/> Williams, Tucker James	Male	Active	Athlete Consent Signature Date: 10/20/2021 Med App (Old Form) Expiration date: 12/8/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Mt Vernon Mavericks

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Desch, Heath	Male	Active	Athlete Consent Signature Date: 6/30/2022 Med App (Old Form) Expiration date: 3/5/2023 Medical (New Form)
<input type="checkbox"/> Garner, Nathanael	Male	Active	Athlete Consent Signature Date: 6/27/2022 Med App (Old Form) Expiration date: 7/11/2021 Medical (New Form) 6/24/2025
<input type="checkbox"/> Greenwalt, Robert (Orrie)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form)
<input type="checkbox"/> Hays, Zackary	Male	Active	Athlete Consent Signature Date: 4/26/2022 Med App (Old Form) Expiration date: 11/19/2021 Medical (New Form) 4/26/2025
<input type="checkbox"/> Heierman, Molly	Female	Active	Athlete Consent Signature Date: 7/8/2022 Med App (Old Form) Expiration date: 7/8/2022 Medical (New Form) 7/14/2025
<input type="checkbox"/> Hutcherson, Henry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/21/2022 Medical (New Form)
<input type="checkbox"/> Jones, Brittany	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/8/2022 Medical (New Form)
<input type="checkbox"/> King, Connor	Male	Active	Athlete Consent Signature Date: 4/12/2022 Med App (Old Form) Expiration date: 12/18/2022 Medical (New Form) 6/22/2025
<input type="checkbox"/> Meyers, Amanda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/11/2022 Medical (New Form)
<input type="checkbox"/> Pickford, Laura Ellen	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/16/2021 Medical (New Form)
<input type="checkbox"/> Saatkamp, Stephen K	Male	Active	Athlete Consent Signature Date: 4/12/2022 Med App (Old Form) Expiration date: 2/7/2022 Medical (New Form) 7/8/2025
<input type="checkbox"/> Sammons, Courtney	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/24/2022 Medical (New Form)

Sport Roster



K - Mt Vernon Mavericks

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Wood, Anthony	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/13/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Mulberry Manor

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Ghidina, Cain	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/12/2021 Medical (New Form)
<input type="checkbox"/> Hill, Kenneth (Kenny)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/6/2022 Medical (New Form)
<input type="checkbox"/> Kennedy, Sunnie	Female	Active	Athlete Consent Signature Date: 2/14/2022 Med App (Old Form) Expiration date: 2/21/2022 Medical (New Form) 3/4/2025
<input type="checkbox"/> Lane, Steve	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/17/2021 Medical (New Form)
<input type="checkbox"/> Lywiski, Monica	Female	Active	Athlete Consent Signature Date: 2/14/2022 Med App (Old Form) Expiration date: 3/21/2022 Medical (New Form)
<input type="checkbox"/> Malcolm, Anna	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/31/2021 Medical (New Form)
<input type="checkbox"/> Potter, Justin Michael	Male	Active	Athlete Consent Signature Date: 3/31/2022 Med App (Old Form) Expiration date: 4/15/2021 Medical (New Form) 3/9/2025
<input type="checkbox"/> Pullium, Kathryn	Female	Active	Athlete Consent Signature Date: 2/15/2022 Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form) 3/1/2025
<input type="checkbox"/> Randolph, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/3/2022 Medical (New Form)
<input type="checkbox"/> Sanders, Nathan	Male	Active	Athlete Consent Signature Date: 2/12/2022 Med App (Old Form) Expiration date: 12/15/2023 Medical (New Form) 3/10/2025
<input type="checkbox"/> Walburg, Nicholas	Male	Active	Athlete Consent Signature Date: 2/15/2022 Med App (Old Form) Medical (New Form) 3/14/2025
<input type="checkbox"/> Walkenhorst, Christopher D	Male	Active	Athlete Consent Signature Date: 1/31/2022 Med App (Old Form) Expiration date: 1/1/2022 Medical (New Form) 3/7/2025

Sport Roster



K - Mulberry Manor

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Walkenhorst, Rollie	Male	Active	Athlete Consent Signature Date: 1/31/2022 Med App (Old Form) Expiration date: 1/1/2022 Medical (New Form) 4/11/2025

Please list any additional athletes not included above here.

Sport Roster

K - Murphysboro High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Johnson II, David T	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form)
<input type="checkbox"/> Samuel, Hannah	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/6/2023 Medical (New Form)
<input type="checkbox"/> Williams, Arianna	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/10/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Murphysboro HS Choices

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Hamilton, Noah I	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/19/2023 Medical (New Form)
<input type="checkbox"/> Hartline, Dakota	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/26/2022 Medical (New Form)
<input type="checkbox"/> Johnson, Christian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/3/2022 Medical (New Form)
<input type="checkbox"/> Latham, Joshua	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/15/2022 Medical (New Form)
<input type="checkbox"/> Loos, Tristin	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/24/2023 Medical (New Form)
<input type="checkbox"/> Millmann, Brittany	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/23/2023 Medical (New Form)
<input type="checkbox"/> Morrison, Damarius	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/30/2022 Medical (New Form)
<input type="checkbox"/> Rafael, Ava	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/20/2021 Medical (New Form)
<input type="checkbox"/> Rice, Samantha	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/5/2022 Medical (New Form)
<input type="checkbox"/> Sprinkle, Ryann	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/19/2022 Medical (New Form)
<input type="checkbox"/> Steele, Matthew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/23/2022 Medical (New Form)
<input type="checkbox"/> Tipton, Rodney	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/22/2023 Medical (New Form)

Sport Roster



K - Murphysboro HS Choices

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Turner, Selena	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/10/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Murray Ctr

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Abrego, Araceli	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/26/2022 Medical (New Form)
<input type="checkbox"/> Adcock, Philip	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/9/2022 Medical (New Form)
<input type="checkbox"/> Akers, Jessica	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/11/2022 Medical (New Form)
<input type="checkbox"/> Alavi, Linda Kay	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/9/2022 Medical (New Form)
<input type="checkbox"/> Andersen, Russel (Rusty)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/24/2022 Medical (New Form)
<input type="checkbox"/> Andraski, Charles (Charlie)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/10/2021 Medical (New Form)
<input type="checkbox"/> Barron, Paul	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/22/2022 Medical (New Form)
<input type="checkbox"/> Bedwell, Ashley	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/11/2022 Medical (New Form)
<input type="checkbox"/> Berkel, Gary	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/11/2022 Medical (New Form)
<input type="checkbox"/> Brasket, Eugene	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/11/2022 Medical (New Form)
<input type="checkbox"/> Brasket, Ricky	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/6/2022 Medical (New Form)
<input type="checkbox"/> Bromley, Loren	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/14/2021 Medical (New Form)

Sport Roster



K - Murray Ctr

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Campbell, Kevin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/30/2021 Medical (New Form)
<input type="checkbox"/> Chartrand, Angela	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/22/2021 Medical (New Form)
<input type="checkbox"/> Chesney, Lonnie	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/17/2021 Medical (New Form)
<input type="checkbox"/> Davis, Benjamin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/19/2022 Medical (New Form)
<input type="checkbox"/> Davis, Lee	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form)
<input type="checkbox"/> Dillard, Earl	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/22/2021 Medical (New Form)
<input type="checkbox"/> Duecker, Seth	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/17/2022 Medical (New Form)
<input type="checkbox"/> Durham, Venus	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/17/2022 Medical (New Form)
<input type="checkbox"/> Ellis, Iteritti	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/17/2022 Medical (New Form)
<input type="checkbox"/> Estrada, Natalia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/9/2021 Medical (New Form)
<input type="checkbox"/> Florczyk, Donald "Donnie"	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/30/2021 Medical (New Form)
<input type="checkbox"/> Godar, William	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/11/2022 Medical (New Form)

Sport Roster



K - Murray Ctr

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Golden, Travis D	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/18/2022 Medical (New Form)
<input type="checkbox"/> Green, Trent	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/15/2022 Medical (New Form)
<input type="checkbox"/> Groner, Kathryn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/2/2023 Medical (New Form)
<input type="checkbox"/> Hall, Cheyenne	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/26/2021 Medical (New Form)
<input type="checkbox"/> Harris, Paul	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/7/2021 Medical (New Form)
<input type="checkbox"/> Hicks, Bryan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/30/2021 Medical (New Form)
<input type="checkbox"/> Hughey, Timothy (TJ)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/2/2023 Medical (New Form)
<input type="checkbox"/> Jones, Larry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/11/2021 Medical (New Form)
<input type="checkbox"/> King, Kelson	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/7/2021 Medical (New Form)
<input type="checkbox"/> Langhauser, Jason	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/30/2021 Medical (New Form)
<input type="checkbox"/> Malloy, Francis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/17/2021 Medical (New Form)
<input type="checkbox"/> Mavers, Darryl	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/19/2022 Medical (New Form)

Sport Roster



K - Murray Ctr

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> McHenry, Joseph	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/2/2023 Medical (New Form)
<input type="checkbox"/> Merritt, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/2/2021 Medical (New Form)
<input type="checkbox"/> Michels, Gabrielle J	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/9/2021 Medical (New Form)
<input type="checkbox"/> Nelson, Lois	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/6/2021 Medical (New Form)
<input type="checkbox"/> Newberry, David L	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/8/2022 Medical (New Form)
<input type="checkbox"/> Nokes, Austin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/19/2022 Medical (New Form)
<input type="checkbox"/> Pace, Carmen	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/30/2021 Medical (New Form)
<input type="checkbox"/> Pazozzo, Colin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/14/2022 Medical (New Form)
<input type="checkbox"/> Pazur, Kenneth	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/28/2022 Medical (New Form)
<input type="checkbox"/> Risley, Skyler	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/17/2022 Medical (New Form)
<input type="checkbox"/> Robinson, Jeffrey (Jeff)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/8/2021 Medical (New Form)
<input type="checkbox"/> Rose, Perren	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/21/2022 Medical (New Form)

Sport Roster



K - Murray Ctr

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Ruiz, Francis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/13/2021 Medical (New Form)
<input type="checkbox"/> Russell, James (Jimmy) M	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/23/2022 Medical (New Form)
<input type="checkbox"/> Sanders, Rigney	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/30/2021 Medical (New Form)
<input type="checkbox"/> Selhime, Morgan	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/26/2022 Medical (New Form)
<input type="checkbox"/> Smith, Dale Allen	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Starkey, Matthew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/11/2021 Medical (New Form)
<input type="checkbox"/> Strong, Majorie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/9/2021 Medical (New Form)
<input type="checkbox"/> Sunderman, James (Jimmy)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/11/2021 Medical (New Form)
<input type="checkbox"/> Tabels, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/8/2022 Medical (New Form)
<input type="checkbox"/> Taylor, Torey	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/19/2022 Medical (New Form)
<input type="checkbox"/> Thompson, Jeffrey	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/29/2022 Medical (New Form)
<input type="checkbox"/> Williams, Scott	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/10/2022 Medical (New Form)

Sport Roster



K - Murray Ctr

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Winkeler, Shawn	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/30/2021 Medical (New Form)
<input type="checkbox"/> Young, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/19/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Neuro Restorative Carbondale NRC



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Bernth, Chris	Male	Active	Athlete Consent Signature Date: 9/20/2021 Med App (Old Form) Expiration date: 6/9/2022 Medical (New Form) 9/21/2024
<input type="checkbox"/> Dipple, Paul	Male	Active	Athlete Consent Signature Date: 8/13/2021 Med App (Old Form) Expiration date: 10/1/2022 Medical (New Form)
<input type="checkbox"/> Dorson, Jonathan	Male	Active	Athlete Consent Signature Date: 8/16/2021 Med App (Old Form) Expiration date: 10/22/2022 Medical (New Form) 9/15/2024
<input type="checkbox"/> Gold, Larry	Male	Active	Athlete Consent Signature Date: 9/22/2021 Med App (Old Form) Expiration date: 11/18/2021 Medical (New Form) 9/21/2024
<input type="checkbox"/> Hainley, Tim	Male	Active	Athlete Consent Signature Date: 8/13/2021 Med App (Old Form) Expiration date: 10/15/2022 Medical (New Form)
<input type="checkbox"/> McKim, James	Male	Active	Athlete Consent Signature Date: 9/13/2021 Med App (Old Form) Expiration date: 8/18/2022 Medical (New Form) 9/14/2024
<input type="checkbox"/> Myers, Kyle	Male	Active	Athlete Consent Signature Date: 9/16/2021 Med App (Old Form) Expiration date: 4/10/2022 Medical (New Form) 9/14/2024
<input type="checkbox"/> Spear, Michael	Male	Active	Athlete Consent Signature Date: 8/16/2021 Med App (Old Form) Expiration date: 10/6/2022 Medical (New Form) 9/21/2024
<input type="checkbox"/> Webster, Gary	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - New Simpson Hill School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Schell, Madison	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/24/2021 Medical (New Form)
<input type="checkbox"/> Spence, April	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Starrick, Gabriel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/20/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Olney Rebels

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Behnke, Nathan	Male	Active	Athlete Consent Signature Date: 4/2/2022 Med App (Old Form) Expiration date: 4/21/2022 Medical (New Form) 4/1/2025
<input type="checkbox"/> Bielecki, Mia	Female	Active	Athlete Consent Signature Date: 8/27/2021 Med App (Old Form) Expiration date: 10/2/2021 Medical (New Form) 6/29/2024
<input type="checkbox"/> Campbell, Melissa	Female	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 3/25/2024 Medical (New Form)
<input type="checkbox"/> Childers, Marc	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/12/2023 Medical (New Form)
<input type="checkbox"/> Clark, James William	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/18/2021 Medical (New Form)
<input type="checkbox"/> Coseboon, Misty	Female	Active	Athlete Consent Signature Date: 10/21/2021 Med App (Old Form) Expiration date: 12/8/2022 Medical (New Form)
<input type="checkbox"/> Doris, Hadley	Female	Active	Athlete Consent Signature Date: 3/25/2022 Med App (Old Form) Expiration date: 6/18/2021 Medical (New Form) 3/29/2025
<input type="checkbox"/> Farrar, Ryan	Male	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 12/17/2022 Medical (New Form)
<input type="checkbox"/> Gaddy, Ron (Ronnie)	Male	Active	Athlete Consent Signature Date: 12/20/2021 Med App (Old Form) Expiration date: 1/16/2010 Medical (New Form) 10/25/2024
<input type="checkbox"/> Ginder, Jackson	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/26/2021 Medical (New Form)
<input type="checkbox"/> Grubaugh, Kaleb	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/24/2021 Medical (New Form)
<input type="checkbox"/> Hardin, Joel	Male	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 10/6/2021 Medical (New Form) 10/13/2024

Sport Roster



K - Olney Rebels

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Hasewinkle, Ramsey	Female	Active	Athlete Consent Signature Date: 3/14/2022 Med App (Old Form) Medical (New Form) 4/8/2025
<input type="checkbox"/> Humes, Keileen	Female	Active	Athlete Consent Signature Date: 4/7/2022 Med App (Old Form) Medical (New Form) 5/2/2025
<input type="checkbox"/> Humes, Shawn	Male	Active	Athlete Consent Signature Date: 4/7/2022 Med App (Old Form) Medical (New Form) 4/26/2025
<input type="checkbox"/> Jones, Toni	Female	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 4/13/2023 Medical (New Form)
<input type="checkbox"/> Kee, Jarrid	Male	Active	Athlete Consent Signature Date: 3/26/2022 Med App (Old Form) Expiration date: 1/22/2022 Medical (New Form) 3/25/2025
<input type="checkbox"/> Kocher, Gary J	Male	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 10/3/2022 Medical (New Form)
<input type="checkbox"/> Marshall, Tiffany	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/7/2022 Medical (New Form)
<input type="checkbox"/> McGrady, Michael	Male	Active	Athlete Consent Signature Date: 12/20/2021 Med App (Old Form) Expiration date: 11/11/2022 Medical (New Form)
<input type="checkbox"/> McGrady, Phillip	Male	Active	Athlete Consent Signature Date: 12/20/2021 Med App (Old Form) Expiration date: 11/8/2021 Medical (New Form) 12/1/2024
<input type="checkbox"/> Mize, Retta	Female	Active	Athlete Consent Signature Date: 6/21/2022 Med App (Old Form) Medical (New Form) 6/15/2025
<input type="checkbox"/> Murphy, Crystal	Female	Active	Athlete Consent Signature Date: 8/19/2022 Med App (Old Form) Expiration date: 4/9/2021 Medical (New Form) 8/24/2025
<input type="checkbox"/> Nichols, Jerry	Male	Active	Athlete Consent Signature Date: 12/21/2021 Med App (Old Form) Expiration date: 4/8/2022 Medical (New Form) 3/30/2025

Sport Roster



K - Olney Rebels

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Oles, Dallas	Male	Active	Athlete Consent Signature Date: 12/20/2021 Med App (Old Form) Medical (New Form) 10/19/2024
<input type="checkbox"/> Pickerel, Terrie	Female	Active	Athlete Consent Signature Date: 8/20/2021 Med App (Old Form) Expiration date: 2/6/2021 Medical (New Form) 9/21/2024
<input type="checkbox"/> Prosser, Graedyn	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/5/2021 Medical (New Form)
<input type="checkbox"/> Rose, Merissa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/29/2024 Medical (New Form)
<input type="checkbox"/> Sanderson, Syndal	Female	Active	Athlete Consent Signature Date: 9/1/2021 Med App (Old Form) Expiration date: 7/29/2021 Medical (New Form) 9/22/2024
<input type="checkbox"/> Seitzinger, Austin	Male	Active	Athlete Consent Signature Date: 12/19/2021 Med App (Old Form) Medical (New Form) 9/9/2024
<input type="checkbox"/> Taylor, Evan	Male	Active	Athlete Consent Signature Date: 12/15/2021 Med App (Old Form) Medical (New Form) 12/22/2024
<input type="checkbox"/> Thomas, Rylan	Male	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 5/16/2022 Medical (New Form)
<input type="checkbox"/> Thomas, Tim	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2022 Medical (New Form)
<input type="checkbox"/> Vaughn, Margie Ann	Female	Active	Athlete Consent Signature Date: 10/22/2021 Med App (Old Form) Expiration date: 8/15/2021 Medical (New Form) 9/29/2024
<input type="checkbox"/> Wilson, Jenna	Female	Active	Athlete Consent Signature Date: 6/20/2022 Med App (Old Form) Medical (New Form) 3/29/2025
<input type="checkbox"/> Zwilling, Nicholas	Male	Active	Athlete Consent Signature Date: 10/4/2021 Med App (Old Form) Expiration date: 3/24/2022 Medical (New Form) 9/7/2024

Sport Roster



K - Olney Rebels

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster



K - Opdyke-Belle Rive Unit 5

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Bray, Ronnie	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/25/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Our Direction

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Adams, Theresa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/10/2022 Medical (New Form)
<input type="checkbox"/> Allen, Sheila	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form)
<input type="checkbox"/> Attwood, Terrance	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/27/2022 Medical (New Form)
<input type="checkbox"/> Bailey, Lyren	Female	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 5/19/2022 Medical (New Form) 11/17/2024
<input type="checkbox"/> Chewing, Dalton	Male	Active	Athlete Consent Signature Date: 7/7/2022 Med App (Old Form) Medical (New Form) 7/7/2025
<input type="checkbox"/> Coffey, Michael (Larry)	Male	Active	Athlete Consent Signature Date: 10/5/2021 Med App (Old Form) Expiration date: 10/10/2022 Medical (New Form)
<input type="checkbox"/> Corzine, David	Male	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 2/8/2022 Medical (New Form) 12/13/2024
<input type="checkbox"/> Craig, Amy	Female	Active	Athlete Consent Signature Date: 10/12/2021 Med App (Old Form) Expiration date: 10/2/2022 Medical (New Form) 11/2/2024
<input type="checkbox"/> Cullum, Sheila	Female	Active	Athlete Consent Signature Date: 4/12/2022 Med App (Old Form) Expiration date: 2/22/2021 Medical (New Form) 2/27/2025
<input type="checkbox"/> Dillon, Barbara	Female	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 1/20/2022 Medical (New Form) 12/7/2024
<input type="checkbox"/> Dillon, Roberta	Female	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 1/14/2022 Medical (New Form) 12/14/2024
<input type="checkbox"/> Drake, Michelle	Female	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form) 11/23/2024

Sport Roster



K - Our Direction

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Emery, Dustin	Male	Active	Athlete Consent Signature Date: 6/10/2022 Med App (Old Form) Expiration date: 3/23/2021 Medical (New Form) 6/10/2025
<input type="checkbox"/> Farris, Erin	Female	Active	Athlete Consent Signature Date: 4/1/2022 Med App (Old Form) Expiration date: 1/30/2021 Medical (New Form) 4/1/2025
<input type="checkbox"/> Gilbreth, William	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/27/2022 Medical (New Form)
<input type="checkbox"/> Harkins, Bettie Jo	Female	Active	Athlete Consent Signature Date: 11/10/2021 Med App (Old Form) Expiration date: 11/12/2021 Medical (New Form) 11/10/2024
<input type="checkbox"/> Hastings, James (Todd)	Male	Active	Athlete Consent Signature Date: 3/30/2022 Med App (Old Form) Expiration date: 7/2/2021 Medical (New Form) 3/30/2025
<input type="checkbox"/> Hill, Nathaniel (Nathan)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/3/2021 Medical (New Form)
<input type="checkbox"/> Holderfield, Jessica (Jessi)	Female	Active	Athlete Consent Signature Date: 6/8/2022 Med App (Old Form) Expiration date: 1/11/2019 Medical (New Form) 7/7/2025
<input type="checkbox"/> Jackson, Gregory	Male	Active	Athlete Consent Signature Date: 7/18/2022 Med App (Old Form) Expiration date: 3/27/2022 Medical (New Form) 7/13/2025
<input type="checkbox"/> Kelley, Nicholas (Nicky) A	Male	Active	Athlete Consent Signature Date: 7/15/2022 Med App (Old Form) Expiration date: 2/14/2022 Medical (New Form) 7/13/2025
<input type="checkbox"/> Knowles, Morgan	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/17/2022 Medical (New Form)
<input type="checkbox"/> Knowles, Tyler	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/17/2022 Medical (New Form)
<input type="checkbox"/> Langan, Maren	Female	Active	Athlete Consent Signature Date: 3/24/2022 Med App (Old Form) Expiration date: 5/31/2021 Medical (New Form) 2/28/2025

Sport Roster



K - Our Direction

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Laurie, David	Male	Active	Athlete Consent Signature Date: 11/5/2021 Med App (Old Form) Expiration date: 3/22/2021 Medical (New Form) 11/17/2024
<input type="checkbox"/> Lee, Shemeka	Female	Active	Athlete Consent Signature Date: 10/5/2021 Med App (Old Form) Expiration date: 7/1/2022 Medical (New Form)
<input type="checkbox"/> Lingle, Shae	Female	Active	Athlete Consent Signature Date: 11/8/2021 Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form) 2/14/2025
<input type="checkbox"/> Lynn, Carol	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/13/2022 Medical (New Form)
<input type="checkbox"/> Martin, Michael	Male	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form)
<input type="checkbox"/> Molina, Ann Marie	Female	Active	Athlete Consent Signature Date: 3/23/2022 Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form) 3/30/2025
<input type="checkbox"/> Morgan, Vicki	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form)
<input type="checkbox"/> Murphy, Nancy	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form)
<input type="checkbox"/> Phillips, Amber	Female	Active	Athlete Consent Signature Date: 10/12/2021 Med App (Old Form) Expiration date: 4/25/2022 Medical (New Form)
<input type="checkbox"/> Pitts, Jennifer N	Female	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 1/15/2024 Medical (New Form)
<input type="checkbox"/> Redfearn, Zachary	Male	Active	Athlete Consent Signature Date: 11/18/2021 Med App (Old Form) Expiration date: 7/23/2021 Medical (New Form) 11/9/2024
<input type="checkbox"/> Rennison, Jonathon (Jon)	Male	Active	Athlete Consent Signature Date: 10/5/2021 Med App (Old Form) Expiration date: 2/12/2023 Medical (New Form)

Sport Roster



K - Our Direction

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Rogers, Melissa Renee	Female	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 2/14/2022 Medical (New Form) 4/4/2025
<input type="checkbox"/> Schaefer, Amber	Female	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 11/12/2021 Medical (New Form) 11/23/2024
<input type="checkbox"/> Shearer, Andrea	Female	Active	Athlete Consent Signature Date: 3/7/2022 Med App (Old Form) Expiration date: 2/17/2022 Medical (New Form) 4/1/2025
<input type="checkbox"/> Smith, Aaron	Male	Active	Athlete Consent Signature Date: 10/12/2021 Med App (Old Form) Expiration date: 3/5/2022 Medical (New Form) 3/29/2025
<input type="checkbox"/> Smith, Amber	Female	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Expiration date: 4/23/2010 Medical (New Form) 4/4/2025
<input type="checkbox"/> South, Carol	Female	Active	Athlete Consent Signature Date: 10/5/2021 Med App (Old Form) Expiration date: 1/27/2022 Medical (New Form)
<input type="checkbox"/> Tanner, Jacob	Male	Active	Athlete Consent Signature Date: 10/13/2021 Med App (Old Form) Expiration date: 2/27/2022 Medical (New Form)
<input type="checkbox"/> Todd, Jamie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/3/2022 Medical (New Form)
<input type="checkbox"/> Troutt, Andy	Male	Active	Athlete Consent Signature Date: 11/9/2021 Med App (Old Form) Expiration date: 1/17/2022 Medical (New Form) 11/11/2024
<input type="checkbox"/> Wiggs, Charles (Nick)	Male	Active	Athlete Consent Signature Date: 4/7/2022 Med App (Old Form) Expiration date: 2/24/2022 Medical (New Form) 12/2/2024
<input type="checkbox"/> Williams, Ricky J	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form)
<input type="checkbox"/> Wolfe, James	Male	Active	Athlete Consent Signature Date: 3/29/2022 Med App (Old Form) Expiration date: 9/4/2021 Medical (New Form) 3/30/2025

Sport Roster



K - Our Direction

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Woods, Jackie	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/15/2021 Medical (New Form)
<input type="checkbox"/> Yargus, Mike (Dewey)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/23/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Park Place

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Laur, Jerry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2022 Medical (New Form)
<input type="checkbox"/> Lewis, Patricia (Patti)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2022 Medical (New Form)
<input type="checkbox"/> Posley, Katherine (Kathy)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2022 Medical (New Form)
<input type="checkbox"/> Sparrow, Helen A	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2022 Medical (New Form)
<input type="checkbox"/> Swain, Melissa (Missy) A	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2022 Medical (New Form)
<input type="checkbox"/> Werner, Steven	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Parrish School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Albadarin, Jamil	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Medical (New Form)
<input type="checkbox"/> Perez, Ellie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Pinckneyville High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Ellison, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form)
<input type="checkbox"/> Leonard, Treyton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/13/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Progress Port Inc



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Benton, Destiny	Female	Active	Athlete Consent Signature Date: 10/12/2021 Med App (Old Form) Expiration date: 2/17/2022 Medical (New Form) 3/14/2025
<input type="checkbox"/> Berlin, Paul	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/11/2022 Medical (New Form)
<input type="checkbox"/> Brown, Darryl	Male	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 4/16/2022 Medical (New Form) 4/13/2025
<input type="checkbox"/> Clark, Charles	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/24/2022 Medical (New Form)
<input type="checkbox"/> Davis, Ray	Male	Active	Athlete Consent Signature Date: 7/28/2022 Med App (Old Form) Expiration date: 5/10/2019 Medical (New Form) 3/4/2025
<input type="checkbox"/> Devine, Angela	Female	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 6/10/2024 Medical (New Form)
K - Kaskaskia Wksp-CILA			
<input type="checkbox"/> Francis, William L	Male	Active	Athlete Consent Signature Date: 7/23/2021 Med App (Old Form) Expiration date: 2/28/2022 Medical (New Form)
<input type="checkbox"/> Gwinn, Kayla	Female	Active	Athlete Consent Signature Date: 4/5/2022 Med App (Old Form) Expiration date: 7/30/2021 Medical (New Form) 2/7/2025
<input type="checkbox"/> Hosick, Michael (Mike)	Male	Active	Athlete Consent Signature Date: 4/15/2022 Med App (Old Form) Expiration date: 3/10/2022 Medical (New Form) 4/25/2025
<input type="checkbox"/> Hugueley, Andrea M	Female	Active	Athlete Consent Signature Date: 7/28/2022 Med App (Old Form) Expiration date: 3/20/2022 Medical (New Form)
<input type="checkbox"/> Jones, Austin	Male	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 1/15/2023 Medical (New Form)
<input type="checkbox"/> Jones, Pamela Lynn	Female	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 3/6/2023 Medical (New Form)

Sport Roster

K - Progress Port Inc



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Lair, Max	Male	Active	Athlete Consent Signature Date: 4/12/2022 Med App (Old Form) Expiration date: 2/8/2021 Medical (New Form) 3/10/2025
<input type="checkbox"/> Mann, Michael (Mike)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/16/2021 Medical (New Form) 4/13/2025
<input type="checkbox"/> Phillips, Travis	Male	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 3/29/2024 Medical (New Form)
<input type="checkbox"/> Pritchett, Thomas	Male	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 2/4/2023 Medical (New Form)
<input type="checkbox"/> Reed, Christopher	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/25/2021 Medical (New Form) 8/15/2025
<input type="checkbox"/> Riley, Torrence Anthony	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Ryan, Donald (Donnie) Aller	Male	Active	Athlete Consent Signature Date: 11/28/2021 Med App (Old Form) Expiration date: 6/18/2022 Medical (New Form) 6/13/2025
<input type="checkbox"/> Sneed, Charles	Male	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 3/21/2022 Medical (New Form) 2/25/2025
<input type="checkbox"/> Timmons, Lavelle	Male	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 2/19/2023 Medical (New Form)
<input type="checkbox"/> Travis, Harley	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/22/2022 Medical (New Form)
<input type="checkbox"/> Valliant, Katrina Renee	Female	Active	Athlete Consent Signature Date: 7/23/2021 Med App (Old Form) Expiration date: 4/19/2024 Medical (New Form)
<input type="checkbox"/> Wagoner, Thomas	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/9/2021 Medical (New Form) 11/8/2024

Sport Roster

K - Progress Port Inc



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Williams, James L	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/10/2022 Medical (New Form) 6/9/2025

Please list any additional athletes not included above here.

Sport Roster



K - Purple Miracles

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Clark, Jerry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/16/2022 Medical (New Form)
<input type="checkbox"/> Deen, Hallie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/23/2021 Medical (New Form)
<input type="checkbox"/> Draper, Jared	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/6/2021 Medical (New Form)
<input type="checkbox"/> Ewing, Mason	Male	Active	Athlete Consent Signature Date: 3/6/2022 Med App (Old Form) Expiration date: 10/4/2021 Medical (New Form) 3/14/2025
<input type="checkbox"/> Gholson, Jayla	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/16/2021 Medical (New Form)
<input type="checkbox"/> McDaniel, Noah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/28/2023 Medical (New Form)
<input type="checkbox"/> Patton, Jynn	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/4/2021 Medical (New Form)
<input type="checkbox"/> Snee, Hunter	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/2/2022 Medical (New Form)
<input type="checkbox"/> Thomason, Kasen M	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/24/2021 Medical (New Form)
<input type="checkbox"/> Thompson, Kasen	Male	Active	Athlete Consent Signature Date: 9/14/2021 Med App (Old Form) Medical (New Form) 12/16/2024
<input type="checkbox"/> Watkinson, Waylon	Male	Active	Athlete Consent Signature Date: 2/21/2022 Med App (Old Form) Expiration date: 8/15/2022 Medical (New Form) 2/18/2025

Sport Roster



K - Purple Miracles

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster



K - Purple Streak

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Bathon, Jessica	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/26/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - RAVE Inc

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Abbott, Angela	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/19/2023 Medical (New Form)
<input type="checkbox"/> Agnew, Cordell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form)
<input type="checkbox"/> Barnes, Vincent	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/28/2022 Medical (New Form)
<input type="checkbox"/> Beals, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)
<input type="checkbox"/> Becker, Nancee	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/26/2023 Medical (New Form)
<input type="checkbox"/> Berglin, Edward (Eddie)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form)
<input type="checkbox"/> Booth, Shelly	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form)
<input type="checkbox"/> Broadway, Tina	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/19/2023 Medical (New Form)
<input type="checkbox"/> Caylor, Brandon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/16/2022 Medical (New Form)
<input type="checkbox"/> Higgins, Linda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/19/2023 Medical (New Form)
<input type="checkbox"/> Housewirth, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form)
<input type="checkbox"/> Lance, Edward (Eddie)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/19/2023 Medical (New Form)

Sport Roster



K - RAVE Inc

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Liang, Jian (Jimmy)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/4/2021 Medical (New Form)
<input type="checkbox"/> Morlan, Tyler	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/4/2022 Medical (New Form)
<input type="checkbox"/> Prowell, Thomas (Tom)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/25/2023 Medical (New Form)
<input type="checkbox"/> Rhoden, Larry	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/4/2022 Medical (New Form)
<input type="checkbox"/> Smith, Nicholas	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/17/2023 Medical (New Form)
<input type="checkbox"/> Toby, Ethel	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form)
<input type="checkbox"/> Wallace, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/4/2022 Medical (New Form)
<input type="checkbox"/> Warner, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Salem HS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Bullard, Curtis	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/27/2022 Medical (New Form)
<input type="checkbox"/> Card, Karissa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/21/2022 Medical (New Form)
<input type="checkbox"/> Jornd, Luke	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/26/2021 Medical (New Form)
<input type="checkbox"/> Linder, Hunter	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/2/2022 Medical (New Form)
<input type="checkbox"/> Maines-Sosa, Tayshia	Female	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Expiration date: 4/8/2021 Medical (New Form) 4/4/2025
<input type="checkbox"/> Nix, Isiah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/26/2023 Medical (New Form)
<input type="checkbox"/> Ohms, Rebecca	Female	Active	Athlete Consent Signature Date: 9/13/2021 Med App (Old Form) Medical (New Form) 9/13/2024
<input type="checkbox"/> Purcell, Henry	Male	Active	Athlete Consent Signature Date: 3/29/2022 Med App (Old Form) Expiration date: 1/19/2023 Medical (New Form) 3/28/2025
<input type="checkbox"/> Schmitz, Kailey	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/3/2021 Medical (New Form)
<input type="checkbox"/> Tate, Seth	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/21/2022 Medical (New Form)
<input type="checkbox"/> Thompson, Cheyanne	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/25/2022 Medical (New Form)
<input type="checkbox"/> Wibben, Holly	Female	Active	Athlete Consent Signature Date: 9/16/2021 Med App (Old Form) Expiration date: 1/17/2021 Medical (New Form) 9/21/2024

Sport Roster



K - Salem HS

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster

K - Saline Co Superstars - Eldorado Elem



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Duer, Elizabeth	Female	Active	Athlete Consent Signature Date: 5/20/2022 Med App (Old Form) Medical (New Form) 5/20/2025

Please list any additional athletes not included above here.

Sport Roster

K - Saline County Superstars - Eldorado Middle



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Anderson, Caleb	Male	Active	Athlete Consent Signature Date: 9/2/2021 Med App (Old Form) Expiration date: 3/9/2019 Medical (New Form) 9/10/2024
<input type="checkbox"/> Carter, Jacob	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/19/2022 Medical (New Form)
<input type="checkbox"/> Henry, Drake	Male	Active	Athlete Consent Signature Date: 9/30/2021 Med App (Old Form) Expiration date: 8/27/2022 Medical (New Form)
<input type="checkbox"/> Hodge, Ryland	Male	Active	Athlete Consent Signature Date: 9/3/2021 Med App (Old Form) Medical (New Form) 8/18/2024
<input type="checkbox"/> Marlow, Makai	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/10/2022 Medical (New Form)
<input type="checkbox"/> McFarlin, Skylar	Male	Active	Athlete Consent Signature Date: 9/14/2022 Med App (Old Form) Medical (New Form) 9/29/2025
<input type="checkbox"/> Morse, Lura	Female	Active	Athlete Consent Signature Date: 7/19/2021 Med App (Old Form) Medical (New Form) 8/2/2024
<input type="checkbox"/> Shoulder, Devon	Male	Active	Athlete Consent Signature Date: 5/23/2020 Med App (Old Form) Medical (New Form) 8/8/2025
<input type="checkbox"/> Washburn, Dakota	Male	Active	Athlete Consent Signature Date: 9/7/2021 Med App (Old Form) Expiration date: 7/1/2024 Medical (New Form) 9/8/2025

Please list any additional athletes not included above here.

Sport Roster

K - Saline County Superstars East



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Binkley, Quinton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2022 Medical (New Form)
<input type="checkbox"/> Davis, Khloe	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/10/2022 Medical (New Form)
<input type="checkbox"/> DeLap, Tucker	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/4/2021 Medical (New Form)
<input type="checkbox"/> Kandas, Marshall	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/3/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Saline County Superstars Middle School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Bradley, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/3/2022 Medical (New Form)
<input type="checkbox"/> Harn, John Patrick	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/5/2021 Medical (New Form)
<input type="checkbox"/> Wells, Carson	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/4/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Saline County Superstars West



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Cushman, Noah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/21/2023 Medical (New Form)
<input type="checkbox"/> Money, Canon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/16/2022 Medical (New Form)
<input type="checkbox"/> Newman, Willow	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/30/2022 Medical (New Form)
<input type="checkbox"/> Roski, Mila	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/3/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Saline County Superstars Young Adult



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Crowe, Terry Justice	Male	Active	Athlete Consent Signature Date: 8/13/2021 Med App (Old Form) Expiration date: 1/30/2023 Medical (New Form)
<input type="checkbox"/> Dobson, Jacob Allen	Male	Active	Athlete Consent Signature Date: 10/19/2021 Med App (Old Form) Expiration date: 7/28/2022 Medical (New Form)
<input type="checkbox"/> Griffith, Dalton	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/30/2021 Medical (New Form)
<input type="checkbox"/> Johnson, Noah	Male	Active	Athlete Consent Signature Date: 8/23/2021 Med App (Old Form) Expiration date: 7/17/2022 Medical (New Form)
<input type="checkbox"/> Langley, Jackson Jack	Male	Active	Athlete Consent Signature Date: 9/10/2021 Med App (Old Form) Expiration date: 7/6/2012 Medical (New Form) 8/30/2024
<input type="checkbox"/> Loyd, Kinzi	Female	Active	Athlete Consent Signature Date: 8/12/2021 Med App (Old Form) Expiration date: 8/27/2021 Medical (New Form) 8/21/2024
<input type="checkbox"/> Newlin, Teea L	Female	Active	Athlete Consent Signature Date: 9/29/2021 Med App (Old Form) Expiration date: 10/15/2021 Medical (New Form) 9/29/2024
<input type="checkbox"/> Owen, Dustin (Dusty)	Male	Active	Athlete Consent Signature Date: 9/9/2021 Med App (Old Form) Expiration date: 8/9/2021 Medical (New Form) 9/9/2024
<input type="checkbox"/> Rowlen, Beverly	Female	Active	Athlete Consent Signature Date: 8/13/2021 Med App (Old Form) Expiration date: 8/26/2021 Medical (New Form) 7/27/2024
<input type="checkbox"/> Rowlen, Shauna	Female	Active	Athlete Consent Signature Date: 8/16/2021 Med App (Old Form) Expiration date: 1/20/2022 Medical (New Form)
<input type="checkbox"/> Sanderson, Samantha	Female	Active	Athlete Consent Signature Date: 8/15/2021 Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form) 1/31/2025
<input type="checkbox"/> Taborn, Corey Michael	Male	Active	Athlete Consent Signature Date: 9/1/2021 Med App (Old Form) Expiration date: 9/20/2021 Medical (New Form) 7/21/2024

Sport Roster

K - Saline County Superstars Young Adult



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Walda, Alex	Male	Active	Athlete Consent Signature Date: 9/13/2021 Med App (Old Form) Expiration date: 9/15/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - South Central Middle Sch

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Wilborn, Anthony	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/27/2022 Medical (New Form)
<input type="checkbox"/> Wilborn, Tyree	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/27/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Southern Illinois Ohana

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Ambrose, Lacey	Female	Active	Athlete Consent Signature Date: 7/20/2021 Med App (Old Form) Expiration date: 6/9/2022 Medical (New Form) 7/26/2025
<input type="checkbox"/> Baumann, Eric Raymond	Male	Active	Athlete Consent Signature Date: 6/4/2021 Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form) 11/16/2024
<input type="checkbox"/> Cichocki, Leslie	Female	Active	Athlete Consent Signature Date: 11/22/2021 Med App (Old Form) Expiration date: 12/13/2013 Medical (New Form) 11/15/2024
<input type="checkbox"/> Dozier, Jacob	Male	Active	Athlete Consent Signature Date: 6/7/2021 Med App (Old Form) Expiration date: 7/4/2021 Medical (New Form) 6/30/2024
<input type="checkbox"/> English, Chaz	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/16/2021 Medical (New Form)
<input type="checkbox"/> Ennis, Jereth	Male	Active	Athlete Consent Signature Date: 6/6/2021 Med App (Old Form) Expiration date: 5/29/2022 Medical (New Form) 5/6/2025
<input type="checkbox"/> Kim, Katie	Female	Active	Athlete Consent Signature Date: 6/21/2022 Med App (Old Form) Expiration date: 11/4/2022 Medical (New Form) 6/21/2025
<input type="checkbox"/> Lanier, Maleia	Female	Active	Athlete Consent Signature Date: 6/6/2021 Med App (Old Form) Expiration date: 2/11/2022 Medical (New Form) 2/21/2025
<input type="checkbox"/> Lynch, Trevor	Male	Active	Athlete Consent Signature Date: 2/1/2022 Med App (Old Form) Expiration date: 3/14/2022 Medical (New Form) 1/25/2025
<input type="checkbox"/> Parini, Kaydee	Female	Active	Athlete Consent Signature Date: 6/6/2021 Med App (Old Form) Expiration date: 6/20/2022 Medical (New Form) 10/9/2024
<input type="checkbox"/> Pitchers, Timothy	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/24/2022 Medical (New Form)
<input type="checkbox"/> Reeder, Mary (Lena)	Female	Active	Athlete Consent Signature Date: 6/6/2021 Med App (Old Form) Expiration date: 10/13/2022 Medical (New Form) 6/16/2025

Sport Roster



K - Southern Illinois Ohana

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Riley, Dailee	Female	Active	Athlete Consent Signature Date: 6/4/2021 Med App (Old Form) Expiration date: 2/11/2023 Medical (New Form)
<input type="checkbox"/> Taylor, Johnnie	Male	Active	Athlete Consent Signature Date: 6/6/2021 Med App (Old Form) Expiration date: 1/5/2023 Medical (New Form)
<input type="checkbox"/> Turner, Soncie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/24/2023 Medical (New Form)
<input type="checkbox"/> Wagner, Ashton	Male	Active	Athlete Consent Signature Date: 6/23/2021 Med App (Old Form) Expiration date: 2/17/2022 Medical (New Form) 4/7/2025
<input type="checkbox"/> Wagner, Aspen	Male	Active	Athlete Consent Signature Date: 6/23/2021 Med App (Old Form) Expiration date: 2/17/2022 Medical (New Form) 4/7/2025

Please list any additional athletes not included above here.

Sport Roster

K - Specialized Training for Adult Rehab



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Allen, Charles	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/28/2022 Medical (New Form)
<input type="checkbox"/> Anderson, Joseph Eric	Male	Active	Athlete Consent Signature Date: 6/17/2022 Med App (Old Form) Expiration date: 4/22/2022 Medical (New Form) 6/19/2025
<input type="checkbox"/> Asbury, Brenna	Female	Active	Athlete Consent Signature Date: 4/27/2022 Med App (Old Form) Expiration date: 2/18/2023 Medical (New Form) 7/12/2025
<input type="checkbox"/> Bailey, Rickey	Male	Active	Athlete Consent Signature Date: 6/23/2022 Med App (Old Form) Expiration date: 9/4/2021 Medical (New Form) 6/28/2025
<input type="checkbox"/> Barnett, Christie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form)
<input type="checkbox"/> Barringer, Ricky	Male	Active	Athlete Consent Signature Date: 6/24/2022 Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form) 6/1/2025
<input type="checkbox"/> Bonds, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)
<input type="checkbox"/> Breeding, Richard	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/9/2022 Medical (New Form)
<input type="checkbox"/> Caplinger, Christopher	Male	Active	Athlete Consent Signature Date: 6/6/2022 Med App (Old Form) Expiration date: 3/19/2021 Medical (New Form) 3/18/2025
<input type="checkbox"/> Caplinger, Diane Louise	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/13/2022 Medical (New Form)
<input type="checkbox"/> Davis, Christopher B	Male	Active	Athlete Consent Signature Date: 6/6/2022 Med App (Old Form) Expiration date: 4/7/2022 Medical (New Form) 8/2/2024
<input type="checkbox"/> Diggs, Piankhi	Male	Active	Athlete Consent Signature Date: 7/1/2022 Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form) 6/1/2025

Sport Roster

K - Specialized Training for Adult Rehab



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Doss, Beatrice	Female	Active	Athlete Consent Signature Date: 6/15/2022 Med App (Old Form) Expiration date: 2/26/2023 Medical (New Form) 6/1/2025
<input type="checkbox"/> Dunning, Jeffrey	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)
<input type="checkbox"/> Eagan, Shelley	Female	Active	Athlete Consent Signature Date: 6/17/2022 Med App (Old Form) Expiration date: 12/22/2022 Medical (New Form) 6/17/2025
<input type="checkbox"/> Ellis, Linda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)
<input type="checkbox"/> Ellis, Patricia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)
<input type="checkbox"/> Ellis, Ruthie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/17/2021 Medical (New Form)
<input type="checkbox"/> Etherton, Lucas	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/16/2021 Medical (New Form)
<input type="checkbox"/> Eveland, Lawrence (Larry)	Male	Active	Athlete Consent Signature Date: 6/27/2022 Med App (Old Form) Expiration date: 6/21/2021 Medical (New Form) 8/20/2024
<input type="checkbox"/> Foster, John	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form)
<input type="checkbox"/> Goetz, Emilee E	Female	Active	Athlete Consent Signature Date: 6/16/2022 Med App (Old Form) Expiration date: 11/26/2021 Medical (New Form) 6/16/2025
<input type="checkbox"/> Green, Jimmy	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/13/2022 Medical (New Form)
<input type="checkbox"/> Hanock, Craig	Male	Active	Athlete Consent Signature Date: 6/17/2022 Med App (Old Form) Expiration date: 8/19/2021 Medical (New Form) 10/21/2024

Sport Roster

K - Specialized Training for Adult Rehab



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Heern, Charles E	Male	Active	Athlete Consent Signature Date: 6/25/2022 Med App (Old Form) Expiration date: 7/8/2021 Medical (New Form) 1/13/2025
<input type="checkbox"/> Highland, Robert	Male	Active	Athlete Consent Signature Date: 7/1/2022 Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form) 6/1/2025
<input type="checkbox"/> Hinkle, Valerie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)
<input type="checkbox"/> Hiser, Kristina	Female	Active	Athlete Consent Signature Date: 6/15/2022 Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form) 6/10/2025
<input type="checkbox"/> Holt, Mark	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/13/2022 Medical (New Form)
<input type="checkbox"/> Huppert, Thomas (Tom)	Male	Active	Athlete Consent Signature Date: 6/28/2022 Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form) 6/1/2025
<input type="checkbox"/> Johnsey, Shawna	Female	Active	Athlete Consent Signature Date: 6/15/2022 Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form) 6/1/2025
<input type="checkbox"/> Johnson, Deran	Male	Active	Athlete Consent Signature Date: 7/1/2022 Med App (Old Form) Expiration date: 3/4/2021 Medical (New Form) 7/1/2025
<input type="checkbox"/> Kinslow, Robert	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)
<input type="checkbox"/> Klein, John	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/4/2022 Medical (New Form)
<input type="checkbox"/> Knight, Rhonda	Female	Active	Athlete Consent Signature Date: 10/21/2021 Med App (Old Form) Expiration date: 4/5/2021 Medical (New Form) 10/21/2024
<input type="checkbox"/> Lewis, Carnell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/2/2022 Medical (New Form)

Sport Roster

K - Specialized Training for Adult Rehab



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Lewis, Kimberly (Kim)	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/24/2022 Medical (New Form)
<input type="checkbox"/> Majid, Asfandyar Rashid	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/12/2022 Medical (New Form)
<input type="checkbox"/> Mosby, Ronald	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/6/2022 Medical (New Form)
<input type="checkbox"/> Napoleon, Reynold	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/13/2022 Medical (New Form)
<input type="checkbox"/> Pedroza, Michael	Male	Active	Athlete Consent Signature Date: 6/27/2022 Med App (Old Form) Expiration date: 1/4/2021 Medical (New Form) 7/21/2024
<input type="checkbox"/> Pelka, Melissa	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/19/2021 Medical (New Form)
<input type="checkbox"/> Pender, Zina	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Perea, Esaul	Male	Active	Athlete Consent Signature Date: 7/1/2022 Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form) 6/1/2025
<input type="checkbox"/> Ragsdale, Brenda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/16/2021 Medical (New Form)
<input type="checkbox"/> Ripley, Phillip	Male	Active	Athlete Consent Signature Date: 10/21/2021 Med App (Old Form) Expiration date: 7/7/2022 Medical (New Form) 10/21/2024
<input type="checkbox"/> Rises, Joe	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/5/2022 Medical (New Form)
<input type="checkbox"/> Rutherford, Keith	Male	Active	Athlete Consent Signature Date: 10/21/2021 Med App (Old Form) Expiration date: 4/5/2021 Medical (New Form) 6/24/2025

Sport Roster

K - Specialized Training for Adult Rehab



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Sanders, Terrence	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/3/2022 Medical (New Form)
<input type="checkbox"/> Schneider, John	Male	Active	Athlete Consent Signature Date: 6/24/2022 Med App (Old Form) Expiration date: 11/1/2021 Medical (New Form) 6/28/2025
<input type="checkbox"/> Shepherd, Mark	Male	Active	Athlete Consent Signature Date: 7/29/2022 Med App (Old Form) Expiration date: 1/16/2023 Medical (New Form) 7/1/2025
<input type="checkbox"/> Steele, Kevin	Male	Active	Athlete Consent Signature Date: 8/2/2022 Med App (Old Form) Expiration date: 8/19/2021 Medical (New Form) 6/24/2025
<input type="checkbox"/> Stewart, Adam	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/30/2022 Medical (New Form)
<input type="checkbox"/> Tessone, Dwayne	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/17/2021 Medical (New Form)
<input type="checkbox"/> Veath, William	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/19/2023 Medical (New Form)
<input type="checkbox"/> Voice, Shelly	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/24/2021 Medical (New Form)
<input type="checkbox"/> Walton, Trevon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Wickert, Zachary (Zack)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/19/2021 Medical (New Form)
<input type="checkbox"/> Worthen, Laura	Female	Active	Athlete Consent Signature Date: 7/6/2022 Med App (Old Form) Expiration date: 8/20/2021 Medical (New Form) 8/1/2025

K - Specialized Training for Adult Rehab



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster



K - SRA

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Baker, Starla	Female	Active	Athlete Consent Signature Date: 2/1/2022 Med App (Old Form) Expiration date: 7/23/2021 Medical (New Form) 11/12/2024
<input type="checkbox"/> Barrall, Jessica	Female	Active	Athlete Consent Signature Date: 1/22/2022 Med App (Old Form) Expiration date: 12/4/2016 Medical (New Form) 1/24/2025
<input type="checkbox"/> Bath, Daniel	Male	Active	Athlete Consent Signature Date: 1/28/2022 Med App (Old Form) Expiration date: 10/1/2017 Medical (New Form) 2/8/2025
<input type="checkbox"/> Briddick, Marci	Female	Active	Athlete Consent Signature Date: 1/27/2022 Med App (Old Form) Expiration date: 2/6/2023 Medical (New Form) 9/3/2024
<input type="checkbox"/> Brooks, Barbara (Bobbi)	Female	Active	Athlete Consent Signature Date: 1/25/2022 Med App (Old Form) Expiration date: 1/14/2022 Medical (New Form) 1/25/2025
<input type="checkbox"/> Buckner, Christina	Female	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 10/24/2021 Medical (New Form) 2/9/2025
<input type="checkbox"/> Butler, Roberta Jean	Female	Active	Athlete Consent Signature Date: 1/22/2022 Med App (Old Form) Expiration date: 11/14/1998 Medical (New Form) 10/7/2024
<input type="checkbox"/> Campbell, Lisabeth	Female	Active	Athlete Consent Signature Date: 1/17/2022 Med App (Old Form) Expiration date: 7/11/2022 Medical (New Form) 2/2/2025
<input type="checkbox"/> Chisenall, Glenda	Female	Active	Athlete Consent Signature Date: 1/22/2022 Med App (Old Form) Expiration date: 8/12/2022 Medical (New Form) 1/27/2025
<input type="checkbox"/> Coaliron, Barbara	Female	Active	Athlete Consent Signature Date: 1/27/2022 Med App (Old Form) Expiration date: 1/14/2023 Medical (New Form) 2/15/2025
<input type="checkbox"/> Conner, Nicole	Female	Active	Athlete Consent Signature Date: 1/22/2022 Med App (Old Form) Expiration date: 1/10/2004 Medical (New Form) 10/7/2024
<input type="checkbox"/> Dickerson, Linda	Female	Active	Athlete Consent Signature Date: 1/22/2022 Med App (Old Form) Medical (New Form) 10/11/2024

Sport Roster



K - SRA

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Dickerson, Linda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/27/1998 Medical (New Form)
<input type="checkbox"/> Ford, Catherine	Female	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 12/11/2022 Medical (New Form) 2/18/2025
<input type="checkbox"/> Hart, Thomas	Male	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 1/23/2022 Medical (New Form) 12/2/2024
<input type="checkbox"/> Hatton II, William (Billy)	Male	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 2/6/2022 Medical (New Form) 11/10/2024
<input type="checkbox"/> Hogan, Elizabeth (Liz) A	Female	Active	Athlete Consent Signature Date: 2/6/2022 Med App (Old Form) Expiration date: 2/2/2023 Medical (New Form) 9/8/2024
<input type="checkbox"/> Hooker, Juanita (Rita)	Female	Active	Athlete Consent Signature Date: 1/26/2022 Med App (Old Form) Expiration date: 1/25/2021 Medical (New Form) 7/27/2024
<input type="checkbox"/> Keenan, Susan	Female	Active	Athlete Consent Signature Date: 2/2/2022 Med App (Old Form) Expiration date: 12/16/2022 Medical (New Form) 12/21/2024
<input type="checkbox"/> Martin, Christopher (Chris)	Male	Active	Athlete Consent Signature Date: 1/18/2022 Med App (Old Form) Expiration date: 8/12/2022 Medical (New Form) 1/24/2025
<input type="checkbox"/> McCarty, Stanley	Male	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 11/16/2022 Medical (New Form) 2/18/2025
<input type="checkbox"/> McMullen, Curtis	Male	Active	Athlete Consent Signature Date: 1/29/2022 Med App (Old Form) Expiration date: 9/3/2022 Medical (New Form) 2/9/2025
<input type="checkbox"/> Moore, Michael	Male	Active	Athlete Consent Signature Date: 1/21/2022 Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form) 1/10/2025
<input type="checkbox"/> Nunley, Levi	Male	Active	Athlete Consent Signature Date: 2/2/2022 Med App (Old Form) Expiration date: 9/16/2012 Medical (New Form) 2/8/2025

Sport Roster



K - SRA

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Ritcheson, Douglas (Doug)	Male	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 10/30/2022 Medical (New Form) 2/8/2025
<input type="checkbox"/> Robinson, Linda	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/11/2022 Medical (New Form)
<input type="checkbox"/> Shelton, Bunchale	Female	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 11/25/2022 Medical (New Form) 12/16/2024
<input type="checkbox"/> Shelton, Tink	Male	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 2/11/2010 Medical (New Form) 2/10/2025
<input type="checkbox"/> Smith, Darrell	Male	Active	Athlete Consent Signature Date: 1/20/2022 Med App (Old Form) Expiration date: 11/4/2022 Medical (New Form) 1/12/2025
<input type="checkbox"/> Woollums, Eric	Male	Active	Athlete Consent Signature Date: 1/28/2022 Med App (Old Form) Expiration date: 11/20/2016 Medical (New Form) 11/4/2024
<input type="checkbox"/> Young, Adam	Male	Active	Athlete Consent Signature Date: 1/19/2022 Med App (Old Form) Expiration date: 8/7/2022 Medical (New Form) 1/14/2025

Please list any additional athletes not included above here.

Sport Roster



K - Tamaroa Olympian

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Lynch, Kayla	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/11/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - TCSE Middle School Reach



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Vuichard, Raven	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/15/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Team Maverick

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Myers, Maverick	Male	Active	Athlete Consent Signature Date: 12/15/2021 Med App (Old Form) Expiration date: 6/16/2022 Medical (New Form) 11/19/2024

Please list any additional athletes not included above here.

Sport Roster



K - The Marion County Thunder

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Banks, Ashley	Female	Active	Athlete Consent Signature Date: 11/9/2021 Med App (Old Form) Expiration date: 6/19/2022 Medical (New Form)
<input type="checkbox"/> Barnes, Rashayna	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/19/2022 Medical (New Form)
<input type="checkbox"/> Birge, Ron K - Marion Co Horizon Ctr - Olney	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/12/2022 Medical (New Form)
<input type="checkbox"/> Bredar, Brock	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/26/2022 Medical (New Form)
<input type="checkbox"/> Breuer, Andrea	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/12/2022 Medical (New Form)
<input type="checkbox"/> Callarman, Laccricia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form)
<input type="checkbox"/> Callarman, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/1/2022 Medical (New Form)
<input type="checkbox"/> Carney, Michael K - Marion Co Horizon Ctr - Olney	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/12/2022 Medical (New Form)
<input type="checkbox"/> Corley, Bryan E	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/13/2022 Medical (New Form)
<input type="checkbox"/> Dehn, Haley	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/12/2022 Medical (New Form)
<input type="checkbox"/> Grill, Matthew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/25/2022 Medical (New Form)
<input type="checkbox"/> Hauck, Stephanie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)

Sport Roster



K - The Marion County Thunder

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Hodges, Gavin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Jenkins, Tracey	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/25/2022 Medical (New Form)
<input type="checkbox"/> Keeton, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Phillips, Janice	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/10/2022 Medical (New Form)
<input type="checkbox"/> Porter, Brian	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/3/2022 Medical (New Form)
<input type="checkbox"/> Ring, Guy (Michael)	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/17/2022 Medical (New Form)
<input type="checkbox"/> Rogers-Butcher, Alex	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/25/2021 Medical (New Form)
<input type="checkbox"/> Scammahorn, John	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Sereda, Christopher	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Shaw, Cecil	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form)
<input type="checkbox"/> Smith, Lakia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/12/2022 Medical (New Form)
K - Marion Co Horizon Ctr - Olney			
<input type="checkbox"/> Steffens, Andrew	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 6/17/2022 Medical (New Form)

Sport Roster



K - The Marion County Thunder

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Webb, Jamie	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)
<input type="checkbox"/> Weibler, Michelle	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/10/2022 Medical (New Form)
<input type="checkbox"/> Young, Deonte	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/18/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Thompsonville High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Bussick, Garrett	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/28/2022 Medical (New Form)
<input type="checkbox"/> Ellis, Stetson	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/13/2022 Medical (New Form)
<input type="checkbox"/> Flowers, Daniel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form)
<input type="checkbox"/> Scott, Tara	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/17/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Thompsonville Middle School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Crawford, Macy	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/17/2021 Medical (New Form)
<input type="checkbox"/> Kendrick, Sophia	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/18/2023 Medical (New Form)
<input type="checkbox"/> Mace, Aaron	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/16/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Tri County Choices DHS



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Bledsoegash, Shakyrah	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/9/2023 Medical (New Form)
<input type="checkbox"/> Frost, Dalton Lane	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/24/2023 Medical (New Form)
<input type="checkbox"/> Jones, Caleb	Male	Active	Athlete Consent Signature Date: 4/3/2022 Med App (Old Form) Expiration date: 3/26/2022 Medical (New Form) 8/4/2024
<input type="checkbox"/> Khalil, Hasan	Male	Active	Athlete Consent Signature Date: 4/2/2022 Med App (Old Form) Expiration date: 2/24/2023 Medical (New Form)
<input type="checkbox"/> McIntosh, Summer	Female	Active	Athlete Consent Signature Date: 4/4/2022 Med App (Old Form) Medical (New Form) 2/7/2025
<input type="checkbox"/> Merkel, Jonathan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/28/2022 Medical (New Form)
<input type="checkbox"/> Rimnac, Gadriel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/4/2022 Medical (New Form)
<input type="checkbox"/> Tilley, Angel	Female	Active	Athlete Consent Signature Date: 4/3/2022 Med App (Old Form) Expiration date: 9/29/2022 Medical (New Form)
<input type="checkbox"/> Tilley, Makayla	Female	Active	Athlete Consent Signature Date: 4/3/2022 Med App (Old Form) Expiration date: 9/29/2022 Medical (New Form)
<input type="checkbox"/> Waldron, Dakota	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/14/2022 Medical (New Form)
<input type="checkbox"/> Walker, Jazmine	Female	Active	Athlete Consent Signature Date: 3/4/2022 Med App (Old Form) Expiration date: 3/14/2019 Medical (New Form) 3/8/2025
<input type="checkbox"/> Williams, Abbigail	Female	Active	Athlete Consent Signature Date: 1/17/2022 Med App (Old Form) Expiration date: 3/14/2021 Medical (New Form) 1/17/2025

Sport Roster

K - Tri County Choices DHS



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Woodsides, Bailey	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 12/5/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Tri County REACH DES



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Moore, Javen	Male	Active	Athlete Consent Signature Date: 3/4/2022 Med App (Old Form) Expiration date: 1/31/2022 Medical (New Form) 2/8/2025
<input type="checkbox"/> Yarber, Summer	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/29/2022 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Tri-County School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Halterman, Cole	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/11/2022 Medical (New Form)
<input type="checkbox"/> Kimes, Parker	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/6/2022 Medical (New Form)
<input type="checkbox"/> Kirchner, Nevaeh	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/11/2022 Medical (New Form)
<input type="checkbox"/> Mallett, Jaron'te	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/4/2023 Medical (New Form)
<input type="checkbox"/> Parks, Noah	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/13/2021 Medical (New Form)
<input type="checkbox"/> Ramirez Jr, Uriel	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/3/2023 Medical (New Form)
<input type="checkbox"/> Riano, Jacquelyn	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/24/2022 Medical (New Form)
<input type="checkbox"/> Ullery, Timmy	Male	Active	Athlete Consent Signature Date: 3/22/2022 Med App (Old Form) Expiration date: 9/16/2022 Medical (New Form)
<input type="checkbox"/> Warren, Joshua	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/5/2023 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Vienna Grade School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Batson, Tristan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/3/2022 Medical (New Form)
<input type="checkbox"/> Clark, Jerica	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/18/2022 Medical (New Form)
<input type="checkbox"/> Duncan, William	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/31/2021 Medical (New Form)
<input type="checkbox"/> Langley, Maci	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/4/2022 Medical (New Form)
<input type="checkbox"/> Mullins, Conner	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/28/2022 Medical (New Form)
<input type="checkbox"/> Watson, Cayleigh	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/9/2021 Medical (New Form)
<input type="checkbox"/> Williams, Tanner	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/3/2023 Medical (New Form)
<input type="checkbox"/> Winterrowd, Justin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/11/2022 Medical (New Form)
<input type="checkbox"/> Winterrowd, Madison	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/8/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Vienna High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Alsip, Macey	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/24/2023 Medical (New Form)
<input type="checkbox"/> Burnett, Amber	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/13/2022 Medical (New Form)
<input type="checkbox"/> Harper, Robert Kelbey	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 10/17/2021 Medical (New Form)
<input type="checkbox"/> Horn, Nathan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 4/2/2022 Medical (New Form)
<input type="checkbox"/> Kotschi, Brianne	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/31/2022 Medical (New Form)
<input type="checkbox"/> Mullins, Braydon	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 7/22/2022 Medical (New Form)
<input type="checkbox"/> Parkhurst, Austin	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/27/2021 Medical (New Form)
<input type="checkbox"/> Parks, Briana	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/8/2022 Medical (New Form)
<input type="checkbox"/> Pope, Natalee	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/30/2022 Medical (New Form)
<input type="checkbox"/> Treat, Jessica	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/10/2022 Medical (New Form)
<input type="checkbox"/> Webb, Haylee	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/12/2022 Medical (New Form)
<input type="checkbox"/> Woodworth, Courtland Ray	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/9/2023 Medical (New Form)

Sport Roster

K - Vienna High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name

Gender

Status

Medical

Please list any additional athletes not included above here.

Sport Roster



K - Villa House Inc

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Hutchins, Nicholas	Male	Active	Athlete Consent Signature Date: 7/12/2021 Med App (Old Form) Expiration date: 7/13/2024 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Village Inn

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

Name	Gender	Status	Medical
<input type="checkbox"/> Clutter, Darrell	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 9/2/2022 Medical (New Form)
<input type="checkbox"/> Cople, Samantha	Female	Active	Athlete Consent Signature Date: 3/18/2022 Med App (Old Form) Expiration date: 11/28/2021 Medical (New Form) 3/28/2025
<input type="checkbox"/> Hardy, Karen	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/29/2022 Medical (New Form)
<input type="checkbox"/> Manker, James	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 1/10/2023 Medical (New Form)
<input type="checkbox"/> McCommons, George	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/1/2021 Medical (New Form)
<input type="checkbox"/> Morris, Brenden	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 5/14/2022 Medical (New Form)
<input type="checkbox"/> Sherman, Michael	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/20/2022 Medical (New Form)
<input type="checkbox"/> Simpson, David	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/20/2022 Medical (New Form)
<input type="checkbox"/> Weber, Nathan	Male	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 11/28/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster



K - Wayne City Braves

Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Clugston, Audrey Jane	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 3/5/2023 Medical (New Form)
<input type="checkbox"/> Lambert, Whitney	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 2/9/2023 Medical (New Form)
<input type="checkbox"/> Tibbs, Chesney	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/16/2021 Medical (New Form)
<input type="checkbox"/> Youngblood, Jaycee	Female	Active	Athlete Consent Signature Date: Med App (Old Form) Expiration date: 8/1/2021 Medical (New Form)

Please list any additional athletes not included above here.

Sport Roster

K - Zeigler Royalton High School



Sport/Tournament: _____

Please mark all athletes training in the above sport. Please note the medical expiration date included here. ALL athletes with a medical that expires prior to the competition must have a valid medical in to their Area Director no later than the defined Competition Roster/Entry Deadline in order to participate.

NEW ATHLETES: Please write in any new athletes that are not on file. These athletes must have a medical in to their Area Director no later than the established Competition Roster/Entry Deadline in order to participate.

<i>Name</i>	<i>Gender</i>	<i>Status</i>	<i>Medical</i>
<input type="checkbox"/> Burkhamer, Ben D	Male	Active	Athlete Consent Signature Date: 3/30/2022 Med App (Old Form) Expiration date: 2/24/2022 Medical (New Form) 3/30/2025

Please list any additional athletes not included above here.
