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Athletic Verification Form

This form is completed by a coach (head or assistant) or athletic director to verify the student's participation in a school-sanctioned athletic program.

Student Information

- Student Name: _____
- High School: _____
- Primary Sport(s): _____
- Years Participated: _____

Athletic Participation & Standing

Please confirm the following regarding the student listed above:

1. The student is/was an active member of a school-sanctioned athletic team.
☐ Yes ☐ No
2. The student is in good standing with the athletic program.
☐ Yes ☐ No
3. The student demonstrates commitment, sportsmanship, and teamwork.
☐ Yes ☐ No

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Athletic Director / Coach Verification

I certify that the information provided above is accurate to the best of my knowledge.

- Name: _____
- Title: ☐ Athletic Director ☐ Head Coach ☐ Assistant Coach
- Sport: _____
- School: _____
- Email: _____
- Phone: _____

Signature: _____

Date: _____