

**STRONGER**  
*than*  
**STROKE**

**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: \_\_\_\_\_