TFA Student Sports Participation Verification Form

Student Information

School Year:_____

Student Name: _____ **Grade:**_____

Coach Verification

I verify that the above-named student is participating on the _____team for the current school year.

Sport: _____**School/Organization:** _____

Coach Name: _____

Coach Phone/Email: _____

Coach Signature: _____**Date:** _____

Practice Schedule

Please provide the student's **regular practice schedule**. Include any changes from the normal schedule when applicable.

Day	Practice Start Time	Practice End Time	Location
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

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Game/Competition Schedule

Please provide the student's **current game/competition schedule**. Attach an additional schedule if necessary.

Date	Opponent/Event	Start Time	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional game/competition dates: _____

_____

Parent/Guardian Acknowledgment

I certify that the information provided on this form is accurate and that my student is participating in the sport listed above. I understand that TFA may contact the coach or school/organization to verify participation, practice schedules, and game/competition schedules.

I agree to notify TFA if there is a significant change in my student's participation or schedule.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

TFA Office Use Only

Date Received: _____ **Verified By:** _____ **Verification Date:** _____

☐ **Coach verification received**
☐ **Practice schedule provided**
☐ **Game/competition schedule provided**
☐ **Parent/Guardian signature received**

Notes: _____