



## Athletic Program Verification Form SY 2022-2023



**Student Legal Name:** \_\_\_\_\_  
Last First Middle Initial

**Sport(s):** \_\_\_\_\_ **Grade Level:** 9 10 11 12

**Date of Birth:** \_\_\_\_\_

*All items below must be completed by the parent/guardian to establish and maintain the student athlete's eligibility for participation in activities and events. Any other signee may change a student's eligibility status.*

<b>Part 1-Previous school attended</b>	
<input type="checkbox"/> Castle High School <input type="checkbox"/> King Intermediate <input type="checkbox"/> Charter School: _____ (Name of School) <input type="checkbox"/> Geographic Exception (GE) Previous school Name: _____ <input type="checkbox"/> Transferred from a private school. School Name: _____	
<b>Part 2-Check all that apply</b>	
The Oahu Interscholastic Association Policy defines "legal guardianship" as either <b>birth parents</b> or <b>court appointed guardian</b> . Please initial the status that describes your relationship to the above named student. -----	
<input type="checkbox"/> Parents (Birth/Adopted mother/father) <input type="checkbox"/> Court Appointed Guardian (verified by court document regarding legal guardianship) <input type="checkbox"/> Power of Attorney (notarized POA dated for one year only) <input type="checkbox"/> Other _____	
<b>Part 3</b>	Parent Initials
Yes, I have submitted the <b>Hawaii State DOE Physical Examination for Athletes Form</b> this school year.	
Yes, I have submitted the <b>Student Participation and Parent/Guardian Consent, Release and Assumption of Risk Form</b> for the above named sport and will submit additional forms for all subsequent sports played this year.	
Yes, I attended/viewed the mandatory parent information with Castle High School's athletic department	
Yes, I viewed the <b>Risk Management/Concussion Education video</b> and am aware of the possibility of injuries	
Yes, I have access, read and understand the <b>School Parent/Student Athlete Handbook</b> .	
Yes, I (circle one) <u>Will Complete/Completed</u> the Student Publication Audio/Video Release Form	

**My signature below affirms that the information provided above is true and correct.**

\_\_\_\_\_  
 (Print) Parent/Guardian's Last, First Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian's Signature