



NFHS STUDENT LEADERSHIP VERIFICATION FORM

In signing this form, I verify that all of the student-athlete names listed below have completed the following *Student Leadership* courses prior to participation.

[Becoming a Leader](#)

[Leading Others](#)

Student-Athlete Names

_____	_____	_____
_____	_____	_____
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_____	_____	_____

Head Coach Name _____

Head Coach Signature _____ **Date** _____

Campus Athletic Director Name _____

Campus Athletic Director Signature _____ **Date** _____