



Waipahu HS

Athletic Acknowledgement Form

Student Athlete's First Name: _____ Last

Name: _____

Grade _____ School Year: _____

Sport/Coaches Name: _____ / _____
(example: JV Boys Basketball/Coach Parsons)

I, _____, the Parent/Guardian of the
Student

Athlete named above or Adult Student athlete have:

Parent Guardian or Adult Student Athlete (Please **Initial** that you viewed the following)

_____ Viewed and Understood the Risk Management Video

_____ Read and Understood the Covid -19 Parent Information

_____ Read and Understood the School Parent/Student-Athlete Handbook

_____ Viewed and Understood the Concussion Video

All items above must be completed for participation eligibility, Please visit
waipahuhigh.org and click on the Athletics tab, than Athletics Requirements to view
all above

(Parent/Guardian's Name or Adult Student Signature)

(Date)

(Student Signature)

(Date)