



## Access Program Checklist

**Instructions:** This form is to be completed by Athletic Director or Designee of the student's school of record and be presented to the coach or Athletic Director of host-school at try out.

<b>Sending PSAL Program Name</b>			
<b>Student School of Enrollment</b>	<i>DBN:</i>	<i>School Name:</i>	
<b>Student Information</b>	<i>OSIS Number:</i>	<i>First:</i>	<i>Last:</i>
	<i>Date of Birth:</i>	<i>Grade:</i> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>	
<b>Access Program</b> <i>Verify <a href="#">Directory</a> &amp; Circle One</i>	Shared Access Program (SAP) <b>or</b> Individual Access Pilot Program (IAP)		
<b>Host Assignment Information</b>	<i>PSAL Program Name:</i>	<i>Host ID (IAP Only):</i>	
	<i>Athletic Director:</i>	<i>Coach:</i>	
	<i>Team:</i>	<i>Season:</i> Fall Winter Spring	
<b>Tryout Information</b>	<i>Date/time:</i>	<i>Location:</i>	
<b>Sending-School Athletic Director</b>	<i>Name:</i>	<i>Email:</i>	<i>Phone:</i>

**Required documentation for student to try out (attached):**

- Copy of [PSAL Parental Consent Form](#) (Parent/Guardian must sign)
- Copy of [PSAL pre-Participation Physical Exam Form](#) (Must be completed by medical provider)

**Optional for tryouts, must be provided if the student makes the team.**

- Most Recent High School Report Card
- Current High School Transcript
- RISA or RISP (Individual Student Attendance Report from ATS)

**Sending-School Athletic Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_