

COACHES CLEARANCE CHECKLIST

Name: _____

Team: _____

Address: _____

Contact Number: _____

Email: _____

PROCESSED WITH DISTRICT
(IF PAID EMPLOYEE NUMBER _____)

COACHING CERTIFICATION (COPY WITH ATHLETIC DIRECTOR)
DIRECTOR)

http://www.asep.com/courseInfo/purchase_courseinfo.cfm?CourseID=211&OrgID=594

CCOACHES CODE OF CONDUCT

READ COACHES RESPONSIBILITIES GUIDELINES

CHILD ABUSE AWARENESS TRAINING (COPY OF CERTIFICATE WITH
ATHLETIC DIRECTOR)

VOLUNTEER ASSISTANT COACH APPLICATION (APPLICABLE ONLY
TO VOLUNTEERS)

IF PAID VALID FIRST AID CPR AED (COPY WITH ATHLETIC DIRECTOR)

COACHES SIGNATURE