



# Coaching Application

Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

Sport: \_\_\_\_\_ Position: \_\_\_\_\_

**The following items must be completed PRIOR to coaching.**

## 7 – 12 Grades

BCI/FBI Background Check  
[Pupil Activity Permit through State Board of Education](#)  
CPR Course  
Concussion Course  
Sudden Cardiac Arrest/Lindsay's Law Course  
Mental Health Course  
Fundamentals of Coaching  
Auditor of State Fraud Training

## 3 - 6 Grades

BCI/FBI Background Check  
[RapBack Enrollment through State Board of Education](#)  
CPR Course  
Concussion Course  
Sudden Cardiac Arrest/Lindsay's Law Course  
Mental Health Course  
Auditor of State Fraud Training

*I understand that it is my responsibility to complete the above requirements and submit all documentation to the Athletic Director **BEFORE** I begin coaching.*

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date