

ARCHDIOCESE OF MILWAUKEE
COACHES AGREEMENT

Name: _____ Home Phone: _____

Address: _____ Date of Birth: _____

_____ Social Sec. Number _____

Employer: _____ Work phone: _____

Coaching Experience:	Sport(s):	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been certified as a coach or referee in any sport? _____
if yes, what? _____
when? _____ Is certification current? _____

Have you undertaken a "coaching" seminar or course? _____
if yes, where & when: _____

Do you have medical training or have you taken a course in sports-related injuries? _____
certification(s): _____

Do you maintain a valid Wis. Drivers license? _____
license #: _____

Have you incurred any traffic citations in the last three years? _____
if yes, what & when: _____

Have you ever been convicted of, or pled guilty, or nolo contendere to, an offense, (including felony, misdemeanor or municipal ordinance) or are you now subject to a pending criminal charge?
___ Yes ___ No If yes, describe in detail on a separate piece of paper.

I _____ wish to participate in the sport of _____
_____ as a coach or coaches' assistant. I have reviewed the Archdiocesan rules and regulations for the previously mentioned sport and agree to abide by them. I further acknowledge that participation in sports is secondary to classroom work and that the primary goal of sporting activities is to educate the participants on the rules of the game, good sportsmanship, team work, and most importantly, that winning isn't "everything".

Signature

Date