



Community Based Team/Coaching

School Name: _____

Team: sport: _____ **age group:** _____

Community Coach: Name: _____ **Phone#:** _____

Volunteer Form/ Criminal Record Check/ First Aid Certificate:

Attached: Yes: _____

Competent instruction and supervision in the activity are mandatory. Competence may be established by virtue of a certificate from a governing body for the activity, or where certificates are not issued, competence may be that recognized by virtue of experience and demonstrated expertise in the activity.

Certificate(s): available: Yes: _____ No: _____

Experience and or demonstrated expertise:

Years and teams coached:

Use of Facility Form 7-3 attached: Yes: _____

Facility User Group Liability Insurance purchased: Yes: _____

Signatures/ Date:

Principal: _____ **Date:** _____

Community Coach: _____ **Date:** _____