

COACHING STAFF ROSTER

SCHOOL NAME:	SPORT:	This roster is due to the Athletic Director no less than 2 weeks prior to the start of the season.
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	Head Coachs' Name	Phone No.	Home Address, City & Zip	Social Security Number Must Have This!	Certifications			Note: Certifications must be current. Check dates of expiration on FA & CPR cards. Provide copies of FA & CPR cards for all Assistant Coach's to Athletic Director.
		Home:			Yes	No		
		Work or Cell:		If District Employee, list ID Number	First Aid			
					CPR			
					College Degree			
					NFHS/ASEP			
	Assistant Coach	Phone No.	Home Address, City & Zip	Social Security Number Must Have This!	Certifications			As the Head Coach, my intent is to pay this coach for his/her service.
		Home:			Yes	No		
		Work or Cell:		If District Employee, list ID Number	First Aid			
					CPR			
					College Degree			
					NFHS/ASEP			
						Yes	No	
	Assistant Coach	Phone No.	Home Address, City & Zip	Social Security Number Must Have This!	Certifications			As the Head Coach, my intent is to pay this coach for his/her service.
		Home:			Yes	No		
		Work or Cell:		If District Employee, list ID Number	First Aid			
					CPR			
					College Degree			
					NFHS/ASEP			
						Yes	No	
	Assistant Coach	Phone No.	Home Address, City & Zip	Social Security Number Must Have This!	Certifications			As the Head Coach, my intent is to pay this coach for his/her service.
		Home:			Yes	No		
		Work or Cell:		If District Employee, list ID Number	First Aid			
					CPR			
					College Degree			
					NFHS/ASEP			
						Yes	No	
	Assistant Coach	Phone No.	Home Address, City & Zip	Social Security Number Must Have This!	Certifications			As the Head Coach, my intent is to pay this coach for his/her service.
		Home:			Yes	No		
		Work or Cell:		If District Employee, list ID Number	First Aid			
					CPR			
					College Degree			
					NFHS/ASEP			
						Yes	No	