**WINTER VOLUNTEERS**

 A COPY MUST BE SENT TO THE ATHLETICS DEPARTMENT

* \*ALL VOLUNTEER COACHES MUST COMPLETE ALL TITLE V REQUIREMENTS (CPR, Coaching ED, Concussion, Heat and Hydration and Sudden Cardiac Arrest)

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| NAME | SOCIAL SECURITY # | SPORT | COACHING EDUCATION | CONCUSSION | SUDDEN CARDIAC ARREST | CODE OF CONDUCT | FIRST AID CPR/AED | Heat and Hydration | \*\*\*PAID EMPLOYEE\*\*\* BY SCHOOL FUNDING. If YES, THEN PPROVIDE EMPLOYEE # |
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\*\*\* If a volunteer coach is paid from school funds, money must come from school’s donation account. Payments received cannot be cash and not come from ASB/Trust Accounts or Booster/PTA/PTO Accounts. Stipends cannot be greater than the highest paid assistant coach of the sport (JV Coach).

Principal’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant Principal’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAA Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax /Email Complete Form to Interscholastic Athletics Department