



Coach Information Form

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell: _____ Wk: _____

Email: _____ Occupation: _____

Sport: _____ Team: _____

Experience / Training: _____

I have read the coaching responsibilities and understand the duties that are expected of me as a coach of any CCS athletic team. I agree to obey by the regulations expected manage the team according to the CCS Coach's Manual standards.

I have received the CCS Coach's Manual and understand the importance of obeying by the regulations expected by the VISA league and Calvary Christian School. I accept the responsibility to ensure that I and my team will comply with the expectations listed in the manual.

I have received a copy of the CCS Use of Van Guidelines and Safety First Loading notice and understand the importance of obeying by the listed procedures.

Signature: _____ Date: _____

Athletic Director: _____ Date: _____

Team Coaching: _____ Stipend Awarded: _____