

# Sport Club Coach/Instructor Form

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Sport Club: \_\_\_\_\_ Semester: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

## Coach/Instructor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credentials/Qualifications:

How did you hear about the opportunity?:

Are you First Aid, CPR, and AED certified?:

I, \_\_\_\_\_, agree to abide by all IM-Rec. Sports Department and Western Kentucky University policies as well as State/Federal laws when participating in any club related activities. Moreover, I acknowledge that I assume all risk for my involvement in any club related activities at Western Kentucky University. Furthermore, I acknowledge that the club decision making process should remain student led and that I should not and will not interfere in club business. My role will be restricted to teaching and coaching in practices and competitions.

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Signature

Name

Date

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Office Use Only

CPR/AED Expiration: \_\_\_\_\_

First Aid Expiration: \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved By: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Interview Results: \_\_\_\_\_

