

ARCHDIOCESE OF MILWAUKEE COACHES AGREEMENT

Name: _____ Home Phone: _____

Address: _____ Date of Birth: _____

_____ Social Security Number: _____

Employer: _____ Work Phone: _____

Coaching Experience: Sport(s): Date(s):

Have you been certified as a coach or referee in any sport?

If yes, what? _____

When? _____ Is certification current? _____

Date of Virtus Training: _____ Date of Blood Borne Pathogens Training: _____

Have you undertaken a "coaching" seminar or course? _____

If yes, where & when? _____

Do you have medical training or have you taken a course in sports-related injuries? _____

Certification(s): _____

Do you maintain a valid Wisconsin Drivers license? _____

License # _____

Have you incurred any traffic citations in the last three years? _____

If yes, what & when? _____

Have you ever been convicted of, or pled guilty, or nolo contendere to, an offense, (including felony misdemeanor or municipal ordinance) or are you now subject to a pending criminal charge? _____ Yes _____ No
If yes, describe in detail on a separate sheet of paper.

I, _____, wish to participate in the sport of _____
as a coach or coaches' assistant. I have reviewed the Archdiocesan rules and regulations for the previously
mentioned sport and agree to abide by them. **I further acknowledge that participation in sports is secondary to
classroom work and that the primary goal of sporting activities is to educate the participants on the rules of
the game, good sportsmanship, team work, and most importantly, that winning isn't "everything".**

Signature

Date