



### COACHES AGREEMENT

NAME:		HOME PHONE:	CELL PHONE:
ADDRESS:		CITY:	ZIP:
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:	

#### COACHING EXPERIENCE:

SPORT(S):	DATES:

Are you certified as a coach or referee in any sport?  Yes  No

IF YES, WHAT?
WHEN?

Have you undertaken a "coaching" seminar or course?  Yes  No

IF YES, WHERE?
WHEN?

Are you First-aid/CPR/AED certified?  Yes  No

Do you maintain a valid Wis. Drivers license?  Yes  No License #: \_\_\_\_\_

Have you incurred any traffic citations in the last three years?  Yes  No

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 piece 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 certify that the information provided by me above is true and complete to the best of my knowledge. I understand that if I am accepted as a coach, any false statements or omissions may lead to termination of my duties, and I agree that the parish/school shall not be held liable in any respect if my volunteer assignment is terminated for this reason.

I authorize the parish/school to verify the information stated above by means of a criminal records check. I agree to follow the policies of the Archdiocese and the parish/school, and I pledge to join with the church in its efforts to provide a safe and secure environment for our children and youth.

SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



**ARCHDIOCESE  
of MILWAUKEE**

Form  
6145.2(g)

**COACHES CERTIFICATION  
LOCAL PERMANENT RECORD**

<b>SCHOOL/PARISH:</b>	<b>CITY/TOWN:</b>
<b>SPORT:</b>	

<b>COACHES NAME:</b>	<b>BLOODBORNE PATHOGENS:</b>	<b>CORE PREPARATION DATE:</b>	<b>SPORT SPECIFIC CLINIC DATE:</b>	<b>SAFE ENVIRONMENT EDUCATION TRAINING DATE:</b>
<i>Robert Sample</i>	<i>8/18/04</i>	<i>9/10/04</i>	<i>8/22/04</i>	<i>10/24/04</i>

(THIS FORM MAY BE DUPLICATED)



ARCHDIOCESE  
of MILWAUKEE

Form  
6145.2 (i)

## COACHES' CONCUSSION ACKNOWLEDGEMENT FORM

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**As a coach it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Wisconsin State Statute 118.293.

### Coaches' Agreement:

I, \_\_\_\_\_, have read the Concussion Fact Sheet for Coaches and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

SIGNATURE OF COACH:		DATE:
SPORT:	SCHOOL:	
TEAM/LEAGUE:	GRADE LEVEL:	

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



**COACH  
SPORTSMANSHIP PLEDGE**

**Sports-man-ship – n. conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport**

As a coach of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Be a positive role model for all players, coaches and spectators.
- Provide encouragement and support for my players.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my players and their family members.
- Take responsibility for my actions.

I understand that representing the Archdiocese of Milwaukee and my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

COACH:	ARCHBISHOP JEROME E. LISTECKI: <i>+ Jerome E. Listecky</i>
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