



Sport Club Coach/Instructor Request Form

(For potential coach/instructor to fill out)

Sport Club _____

Semester and Year _____

Name _____

Phone Number _____

Email _____

Credentials/Qualifications _____

How did you hear about this coaching opportunity? _____

Are you First Aid, CPR, and AED certified? Check all that apply. First Aid CPR AED

By signing this form, I agree to abide by all Western Kentucky University policies, Campus Recreation and Wellness policies, as well as State/Federal laws when participating in any/call club-related activities. Moreover, I acknowledge that I assume all risk for my involvement in any/all club-related activities associated 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.

Name (Print)

Date

Signature

Date