



## 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/all 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