

WEST CHESTER UNIVERSITY

Sport Club Program

**Campus Recreation
Division of Student Affairs - Sport Club Coach Agreement Form**

Sport Club: _____

Name: _____
PRINT FIRST MIDDLE LAST

Address: _____
Street City State Zip

Phone: _____ Email address: _____

Years of Experience: _____

University Faculty/Staff: Yes (____) No (____) If "Yes" please provide the following:

Department: _____ Office Phone: _____

I understand that I am not considered an employee of West Chester University of PA and I am not covered under University Insurance or Worker's Compensation. I also certify that I carry my own medical and health insurance coverage. It is also recommended that as a Sport Club Coach I should carry personal liability insurance coverage. As a "volunteer", any expenses that I incur as a Coach may NOT be eligible for reimbursement through the Club's Budget.

I have read and understand the responsibilities and obligations of serving as a Sport Club Coach as listed in the Sport Club Handbook (copy of responsibilities must accompany this form). I agree to fulfill those duties, abide by all SGA, SSI, and Sport Club Council policies, and serve in the best interest of this Sport Club, Sport Club Program, and the University.

All of the information above is accurate and valid to the best of my knowledge.

Coach Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Sport Club President Signature: _____ **Date:** _____