

WEST CHESTER UNIVERSITY

Sport Club Program

**Campus Recreation
Division of Student Affairs - Sport Club Coach Information**

PRINT ALL INFORMATION

Sport Club: _____

Name: _____ Home Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____ Driver's License: # _____, State _____

Have you ever been convicted of a crime: yes (___), no (___) (If yes, please provide details on a separate sheet.)

Please be advised that WCU will conduct a background check.

This information is required by the Sport Club Program at West Chester University to promote the safety of our students and the program. It is essential that the Sport Club Program at West Chester University is viewed in a professional, ethical, and civil manner.

Qualifications: (list any previous coaching and playing experience)

List all Certifications: **We will need a copy of these for our records.**

List your goals and expectations of coaching this club:

First Aid Certification: yes (___) no (___) CPR Certification: yes (___) no (___)

We will need a copy of these for our records.

Please provide references: Name, Title, and Phone Numbers

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

Coach Signature: _____ **Date:** _____