

University of North Carolina Wilmington
Department of Campus Recreation
Sports Club Program

Coaching Information Form

Name: _____ Club: _____

Address: _____
street city state zip code

Email: _____ Phone: _____
Work Home

Qualifications:

References:

I understand that coaching a UNCW Sport Club Team is a volunteer position. I have read and understand the section regarding coaches as outlined in the UNCW Sport Clubs Handbook and agree to abide by the rules and policies listed therein. I understand that any infraction of the policies and procedures of the Department of Campus Recreation, the UNCW Division of Student Affairs and the University of North Carolina Wilmington subjects me to dismissal as coach of the club. I also understand that the University of North Carolina at Wilmington, Division of Student Affairs, and the Department of Campus Recreation does not carry insurance for travel or accidental injury and I will not hold the University, Division, Department or the staff liable for any injury incurred.

Signature of Coach _____
Date

Signature of Student Representative _____
Date

Signature of Advisor _____
Date

OFFICE USE:
Date Received and Filed: _____ Coaches Pass Issued: _____

Signature of Coordinator