



COACHES AGREEMENT

NAME:	HOME PHONE:	CELL PHONE:
ADDRESS:	CITY:	ZIP:
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	

COACHING EXPERIENCE:

SPORT(S):	DATES:

Are you certified as a coach or referee in any sport? Yes No

IF YES, WHAT?
WHEN?

Have you undertaken a "coaching" seminar or course? Yes No

IF YES, WHERE?
WHEN?

Are you First-aid/CPR/AED certified? Yes No

Do you maintain a valid Wis. Drivers license? Yes No License #: _____

Have you incurred any traffic citations in the last three years? Yes No

IF YES, WHAT?
WHEN?

Have you ever been convicted of, or pled guilty, or nolo contendere to, an offense, (including felony, misdemeanor or municipal ordinance) or are you now subject to a pending criminal charge?

Yes No If yes, describe in detail on a separate piece of paper.

I _____ wish to participate in the sport of _____ as a coach or coaches' assistant. I have reviewed the Archdiocesan rules and regulations for the previously mentioned sport and agree to abide by them.

I certify that the information provided by me above is true and complete to the best of my knowledge. I understand that if I am accepted as a coach, any false statements or omissions may lead to termination of my duties, and I agree that the parish/school shall not be held liable in any respect if my volunteer assignment is terminated for this reason.

I authorize the parish/school to verify the information stated above by means of a criminal records check. I agree to follow the policies of the Archdiocese and the parish/school, and I pledge to join with the church in its efforts to provide a safe and secure environment for our children and youth.

SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form
6145.2 (i)

COACHES' CONCUSSION ACKNOWLEDGEMENT FORM

As a coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Wisconsin State Statute 118.293.

Coaches' Agreement:

I, _____, have read the Concussion Fact Sheet for Coaches and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

SIGNATURE OF COACH:		DATE:
SPORT:	SCHOOL:	
TEAM/LEAGUE:	GRADE LEVEL:	

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



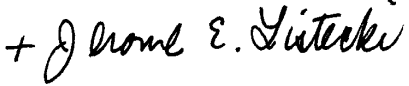
**COACH
SPORTSMANSHIP PLEDGE**

Sports-man-ship – n. conduct (as fairness, respect for one's opponent, and graciousness in winning or losing) becoming to one participating in a sport

As a coach of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.
- Be a positive role model for all players, coaches and spectators.
- Provide encouragement and support for my players.
- Refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans.
- Promote good sportsmanship by my players and their family members.
- Take responsibility for my actions.

I understand that representing the Archdiocese of Milwaukee and my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

COACH:	ARCHBISHOP JEROME E. LISTECKI: 
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form
6145.2(f)

TEAM ROSTER

LEAGUE:	SPORT:	PARISH/SCHOOL:	
COACH'S NAME:	ADDRESS:	PHONE:	E-MAIL:
ASSISTANT COACH'S NAME:	ADDRESS:	PHONE:	E-MAIL:

BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> GRADE: 5 TH <input type="checkbox"/> 6 TH <input type="checkbox"/> 7 TH <input type="checkbox"/> 8 TH <input type="checkbox"/>	TEAM NAME:	TEAM COLORS:			
	PLAYER'S NAME:	PLAYER'S ADDRESS:	BIRTH DATE:	SCHOOL:	PLAY LAST YEAR?
1					Yes <input type="checkbox"/> No <input type="checkbox"/>
2					Yes <input type="checkbox"/> No <input type="checkbox"/>
3					Yes <input type="checkbox"/> No <input type="checkbox"/>
4					Yes <input type="checkbox"/> No <input type="checkbox"/>
5					Yes <input type="checkbox"/> No <input type="checkbox"/>
6					Yes <input type="checkbox"/> No <input type="checkbox"/>
7					Yes <input type="checkbox"/> No <input type="checkbox"/>
8					Yes <input type="checkbox"/> No <input type="checkbox"/>
9					Yes <input type="checkbox"/> No <input type="checkbox"/>
10					Yes <input type="checkbox"/> No <input type="checkbox"/>
11					Yes <input type="checkbox"/> No <input type="checkbox"/>
12					Yes <input type="checkbox"/> No <input type="checkbox"/>
13					Yes <input type="checkbox"/> No <input type="checkbox"/>
14					Yes <input type="checkbox"/> No <input type="checkbox"/>
15					Yes <input type="checkbox"/> No <input type="checkbox"/>

To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies & Procedures for Athletics.

SIGNATURE OF COACH:	DATE:	SIGNATURE OF ATHLETIC DIRECTOR:	DATE:
SIGNATURE OF PASTOR/PRINCIPAL:	DATE:	SIGNATURE OF DRE/CYF DIRECTOR:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



**ARCHDIOCESE
of MILWAUKEE**

**Form
6145.2(g)**

**COACHES CERTIFICATION
LOCAL PERMANENT RECORD**

SCHOOL/PARISH:	CITY/TOWN:
SPORT:	

COACHES NAME:	BLOODBORNE PATHOGENS:	CORE PREPARATION DATE:	SPORT SPECIFIC CLINIC DATE:	SAFE ENVIRONMENT EDUCATION TRAINING DATE:
<i>Robert Sample</i>	<i>8/18/04</i>	<i>9/10/04</i>	<i>8/22/04</i>	<i>10/24/04</i>

(THIS FORM MAY BE DUPLICATED)



STUDENT TRANSFER WAIVER FORM

Date: _____

This letter is to confirm our request for a waiver of Archdiocese of Milwaukee Athletic Regulation 6145.2(30).

_____ Parish/School requests a player's waiver in the name of the following student athlete: _____, who entered the school/religious education program for the _____ school year.

This section to be completed by the parent- - - - -

The transfer to the new school/religious education program was for the following reason:

PARENT SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

This section to be completed by parish/school personnel- - - - -

We support this request to allow for an athletic waiver.

School/Parish Transferred From:	School/Parish Transferred To:
PASTOR:	PASTOR:
PRINCIPAL/DRE:	PRINCIPAL/DRE:
ATHLETIC DIRECTOR:	ATHLETIC DIRECTOR:
LEAGUE DIRECTOR:	LEAGUE DIRECTOR:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

This form is to be sent to:
Brenda White, Associate Superintendent, Archdiocese of Milwaukee, PO Box 070912, Milwaukee, WI 53207



TEAM MERGER REQUEST

This letter is to confirm our request to have an official merger of our teams because we have a shortage of players in order to participate in the _____ league. We have completed the checklist locally and have secured the necessary approvals for this merger.

SPORT:	SEASON/YEAR:	
GRADE:	GENDER: BOYS: <input type="checkbox"/>	GIRLS: <input type="checkbox"/>

SCHOOLS/PARISHES INVOLVED:	

CHECKLIST	YES	NO	N/A
The principals of all schools are in agreement.			
The pastors of all parishes are in agreement.			
The athletic directors/coordinators are in agreement.			
The parishes are geographically compatible.*			
All children in affected grade(s) have been contacted and will be allowed to participate.			

*ANY SPECIAL CIRCUMSTANCES? PLEASE EXPLAIN:

PASTOR SIGNATURE:	PARISH:
PASTOR SIGNATURE:	PARISH:
PRINCIPAL SIGNATURE:	SCHOOL:
PRINCIPAL SIGNATURE:	SCHOOL:
LEAGUE APPROVAL:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.