## ARCHDIOCESE OF MILWAUKEE COACHES AGREEMENT

Name:	Home Phone: Cell Phone:
Address:	Date of Birth:
	Social Sec. Number
Coaching Experience: Sport(s):	Dates:
Are you certified as a coach or referee if yes, what?	
Have you undertaken a "coaching" se if yes, where & when:	minar or course?
Are you First-aid/CPR/AED certified	?
Do you maintain a valid Wis. Drivers	license? License #:
Have you incurred any traffic citation if yes, what & when:	s in the last three years?
	bled guilty, or nolo contendere to, an offense, (including felony, e) or are you now subject to a pending criminal charge? in detail on a seperate piece of paper.
Ι	wish to participate in the sport of as a coach or coaches' assistant. I have reviewed the
	or the previously mentioned sport and agree to abide by them.
I understand that if I am accepted as	ed by me above is true and complete to the best of my knowledge is a coach, any false statements or omissions may lead to be that the parish/school shall not be held liable in any respect if ited for this reason.
agree to follow the policies of the Arc	the information stated above by means of a criminal records check. I chdiocese and the parish/school, and I pledge to join with the church in environment for our children and youth.
Signature	Date
Form 6145.2(d)	Archdiocese of Milwaukee

Form revised: 5-6-97 9/4/2007