

SPORT CLUB COACH / INSTRUCTOR APPROVAL FORM

Name: _____ Sport Club: _____

Address: _____

Phone: Office: _____ Home: _____ Email: _____

Qualifications (**Copies of all qualification & certifications must be attached to this form**)

My goals and expectations of coaching/instructing this club are: _____

I understand that my relationship to Florida Gulf Coast University (FGCU) with regard to the coaching/instructing provided to the Sport Club will be that of a **VOLUNTEER** and that FGCU will **not** provide me with any **pay, salary, compensation, insurance medical or health, defense or indemnification**. Any compensation agreement for coach/instructor services is strictly between the Sport Club and me. I have read and understand the "Coach/Instructor Roles and Responsibilities" as set forth in the Sport Club Handbook and agree to abide by the policies as listed. I understand that, to the same extent as the members of the Sport Club, any infraction of the policies and procedures of the University or the Department of Campus Recreation subjects me to dismissal as coach/instructor of the Sport Club.

Signed: _____ Date: _____

Sport Club President: _____ Printed Name: _____ Date: _____
(signature)

Sport Club Advisor: _____ Printed Name: _____ Date: _____
(signature)

For Sport Club Office Use Only:

Sport Clubs Coordinator: _____ Date: _____

Resume/Credentials on file: _____ SET Certification Expiration Dates: _____

Coach/Instructor Contract on file _____