

DIOCESAN ATHLETIC BOARD  
COACH IN TRAINING APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I am requesting permission from the Diocesan Athletic Board to coach the following team:

Parish/School \_\_\_\_\_

Division (3&4/mite/cadet) \_\_\_\_\_

Sport (basketball/cheerleading) \_\_\_\_\_

- I passed the ASEP course on \_\_\_\_\_ (attach copy of ASEP certification).
- I understand that I will not be allowed to assume responsibility for any team at any time.
- I understand that there must always be an ASEP-certified adult (18 or older) present when I am interacting with players. In the event there is no ASEP-certified adult present, due to any reason, I will not be allowed to continue a game, practice, or competition.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parish/School Representative  
Printed name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head coach  
Printed name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, CYO Board of Athletics

\_\_\_\_\_  
Date