

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