

HIGH SCHOOL

NON-FACULTY COACHES REGISTRATION

In compliance with Provisions of Regulation II, Section 3.

IMPORTANT:	PLEASE MAKE A COPY FOR YOUR FILES. A RETURN COPY WILL <u>NOT</u> BE SENT BY THE	
	MHSAA. PLEASE DO NOT FAX AND MAIL THIS FORM.	

Name of School			City			
The above named school desires to coach is one not teaching in your school inform the MHSAA of the names of the	district. This reg appointed coaches	istration is not to be constructs.	ed as certification. Th	ne purpose of	this regist	cration is to
A nonfaculty member coach must b prior to assuming any supervisory dutie The Representative Council URGE interscholastic athletic teams, and that equivalent program.	s. S that all schools	strive to the standard that o	nly qualified faculty r	nembers are	used as he	ad coaches of
CHECK (✓) SEASON:	_FALLWI	NTERSPRING - P	lease, <u>one</u> seas	on per re	gistere	ed form
(Please do NOT use this form for Jr. High Information) NAME	AGE AT LEAST 18 YRS (✓)	OCCUPATION	LIST MHSAA SPONSORED HIGH SCHOOL SPORT(S)	VARSITY OR SUB- VARSITY	HEAD OR ASST.	COMPLETED CAP OR EQUIVALENT (✓)
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I certify the above non-faculty coach(s) h emergency procedures, liability, and MHS				in interschol	astic athle	etic philosophy,
SIGNED:		DATE:		, 20		
(SUPERINTENDE	NT or PRINCIPA	T)				

Return this form at once to the MHSAA, 1661 Ramblewood Drive, East Lansing, MI 48823 or FAX 517-332-4071 ---- PLEASE DO NOT FAX AND MAIL THIS FORM