THE UNIVERSITY *of* NORTH TEXAS

SPORT CLUB COACH INFORMATION FORM

Name: _____ **Club**: _____

Address: Home _____ Business _____

_____ _____

Phone: Home _____ Office_____

Email Address :_____

Are You Currently Over 18 Years of Age: Yes ___ No ___ (If no, parent or legal guardian must authorize participation).

Sex: Male ___ Female ___

Drivers License #: _____ State _____

Have You Ever Been Convicted of a Crime: Yes _____ No _____ (If yes, please provide details on a separate sheet)

♦ ♦

This information is required by the University of North Texas Recreational Sports to promote the safety of our students and to ensure our program and the University is represented in a professional, ethical and upstanding manner.

Qualifications (list any previous coaching or playing experience):

_____

_____

_____

_____

List all current certifications that pertain to this position:

_____

_____

_____

_____

My goals and expectations of coaching this club are:

_____

_____

_____

_____