



Wayne State University Club Sports ***Coach/ Instructor Agreement***

Title of Coach or Instructor Position	
Head Coach	Assistant Coach
Head Instructor	Assistant Instructor

Coach/ Instructor information:	
First Name	Last Name
Telephone	Email
Mailing Address	City, State, Zip Code

Proposed dates:	
Begin Date	End Date

Club Officers agree to the following:

1. The Club Officers will consistently communicate their satisfaction and performance of the coach/instructor with University Recreation.
2. Club Officers understand that they will serve as the on-site supervisors for the coach/instructor for the Club Sports Program @ WSU.

Club Office Title: Name (print): Signature: Date:	Club Office Title: Name (print): Signature: Date:	Club Office Title: Name (print): Signature: Date:
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Coach/Instructor Agreement

As, coach/instructor for _____ club @ WSU, I agree to the following statements (Please initial beside each statement):

- _____ *I will provide skills and safe training to the club's members according to the goals and objectives determined by the club;*
- _____ *I will be responsible for facilitating practice schedules and game plan that will accommodate all levels of competition;*
- _____ *I will educate club members on safe movements to reduce the potential injury in their particular sport according to guidelines set by that national governing body;*
- _____ *I will provide the safe environment for all participants;*
- _____ *I will follow emergency procedures and club sports procedures as set by the Mort Harris Recreation and Fitness Center*

I understand that the leadership and management of this club/organization is the responsibility of the club student body. I can be relieved of my coaching responsibilities at any time and continuation of coaching status is not automatic. I also understand that I am not entitled to receive membership privileges for the use of Mort Harris Recreation and Fitness Center and/or other athletic facilities.

Signature: _____ Date: _____

OFFICE USE ONLY Date Received: ___/___/___ Verify MHRFC Membership Practice Time

