

OLD DOMINION UNIVERSITY  
RECREATIONAL SPORTS DEPARTMENT

**SPORT CLUB COACHING APPLICATION**

PERSONAL INFORMATION:

Name: \_\_\_\_\_ Sport Club: \_\_\_\_\_

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

University ID Number or Social Security Number: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

EDUCATION:

High School: \_\_\_\_\_

Degree Received: \_\_\_\_\_

College: \_\_\_\_\_

Degree Received: \_\_\_\_\_

COACHING/PLAYING EXPERIENCE: (Include number of years)

High School: \_\_\_\_\_  
\_\_\_\_\_

College: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

CONTINUED ON REVERSE SIDE

GOALS AND EXPECTATIONS OF COACHING THIS CLUB:

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*I understand that, if approved, I will be coaching on a volunteer basis. I understand that any infraction of the policies and procedures of the University or the Recreational Sports Department, subjects me to dismissal as coach of this club. I also understand that the Recreational Sports Department does not carry liability or medical insurance, or insurance for travel or accidental injury. I will not hold the Recreational Sports Department or Old Dominion University liable for any injury.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended By: \_\_\_\_\_  
(Student Representative's Signature)

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
Assistant Director of Recreational Sports Date

\_\_\_\_\_  
Director of Recreational Sports Date

REFERENCES

<u>NAME</u>	<u>RELATIONSHIP</u>
<u>PHONE#</u>	

1.

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