



Head Coach: Please identify those individuals who are involved in coaching activities with your team.

Academic Year: _____

Coaching Staff:

_____ Head Coach
 _____ Associate Head Coach
 _____ Assistant
 _____ Assistant
 _____ Camp Director

*Note:

1. Please be aware of your limitations as per NCAA Bylaw 11 along with recruiting restrictions. Please re-submit this form as changes occur within your staff.
2. Only individuals listed on this form are permitted to engage in coaching activities (e.g. on-field/court coaching, off-campus recruiting, evaluation of game/practice film, evaluation prospects, attending coaches meetings on game strategy).

Signature of Head Coach	Date
Signature of Sport Administrator	Date