

CAMPUS RECREATION

PERSONAL INFORMATION:

Name: _____ Sport Club: _____

Address: _____

PeopleSoft# or TX Drivers License #: _____

Contact Phone Numbers: _____

Email Address: _____

EDUCATION:

High School: _____

Degree Received: _____

College: _____

Degree Received: _____

COACHING/PLAYING EXPERIENCE: (Include number of years)

High School: _____

College: _____

Other: _____

GOALS AND EXPECTATIONS OF COACHING THIS CLUB:

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 Campus Recreation Department, subjects me to dismissal as coach of this club. I also understand that the Campus Recreation Department does not carry liability or medical insurance, or insurance for travel or accidental injury. I will not hold the Campus Recreation Department or University of Houston liable for any injury.

Signed: _____ Date: _____

Recommended By: _____
(Student Representative's Signature)

REFERENCES

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE#</u>
1.		
2.		
3.		

Approved: _____ Denied: _____

Coordinator of Sport Clubs, & Summer Camps

Date

Assistant Director of IM, Sport Clubs, & Summer Camps

Date