

Coaches Attestation Checklist

1. Submits participant lists, transportation and meal request promptly.
2. Maintain accurate rosters, submits proper documentation of physicals, parent consent and MHSAA Eligibility.
3. Develops well organized practice schedules and submits schedule weekly.
4. Follows policy in the athletic handbook regarding physicals, eligibility and participation of students.
5. Complete proper paperwork on disabling athletic injuries and submits to the proper personnel.
6. Assist in developing in-service training programs for high school and middle school coaches.
7. Understands and follows rules and regulations set forth by all governing agencies, i.e., GPSD School Board, MHSAA and State Board of Education.
8. Enforces and strictly adheres to safety procedures at all times. Has a plan of action for emergency situations both at home and on the road.
9. Evaluate officials, enter game results in Max-Prep and C2C Schools.
10. Develop and maintains sound public relations; cooperates with news media
11. Works cooperatively with all school officials. Develops rapport with teachers, coaches and administrators. Follows the proper administrative chain of command.
12. Provides proper supervision of athletes in all areas; i.e., dressing room, training room, and transportation.
13. Demonstrate enthusiasm, diligence, honesty, integrity, proper dress, knowledge and love of the sport.
14. Maintains suitable sideline conduct at games toward players, officials, and other workers. Exhibits good sportsmanship at all times.
15. Shows support for all athletic programs and school sponsored student activities.
16. Keep practice areas and locker rooms in order.
17. Maintains proper care of equipment, inventory and is accountable for all equipment
18. Performs duties related to maintenance of practice and game facilities.
19. Monitors students' academic progress.
20. Performs other such duties and responsibilities as assigned by the principal and /or athletic director.

I attest that I have performed these duties accordingly for the month of: _____

Signature _____ Date: _____

Supervisor Signature _____ Date: _____