



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DISTRICT ATHLETICS

Athletic Coach Acknowledgment

This form must be completed for all coaches, paid and volunteer, as part of their annual eligibility to participate as an athletic coach with the School District of Palm Beach County (SDPBC). A form should be completed for each sport that a coach is assigned to as a staff member. For this form to be considered complete, all required paperwork must be submitted and all parties must print their name, sign, and date the form. Give the completed original form to the Principal's Administrative Assistant.

Coach Information

To be completed by the Athletic Director or Assistant Principal over Athletics.

- Applicant Coach Returning Coach

Coach First Name		Coach Last Name		Employee ID #	School Year
School #	School Name	Sport		Date Cleared To Work By HR	

- If teaching, holds a valid Florida educator's certificate (does not include District-issued certificates).
- Holds a valid Florida Athletic Coaching certificate.
- Holds a valid CPR/AED/First Aid Certification.
- Completed District fingerprinting and background screening.
- Completed District drug testing.
- Received SDPBC badge - once the badge is received, the applicant is cleared to work.

Coach Acknowledgment

To be completed by the Applicant or Returning Coach. Initial applicable lines. (* indicates required for all coaches)

_____ I acknowledge that the coach position is a supplemental role and is a position that may be released by the Principal at any point in the school year, with or without cause.*

_____ I understand that I cannot be on campus or interact with students at my assigned school until I receive my District badge. By receiving my District badge, I understand that all hiring requirements have been satisfied and that I am now cleared to coach.*

_____ **(Paid Coaches Only)** I understand that my supplement will be paid at the end of each season and that it will be paid for the position in which I have been hired for by the school's Principal.

_____ **(Paid Coaches Only)** I understand that, if necessary, the school's Principal has the authority to prorate the supplement.

_____ **(Paid Coaches Only)** I understand that I must have a state of Florida valid educator's and/or coach's certificate in order to complete the hiring process.

_____ **(Paid Coaches Only)** I understand that I am unable to act as a volunteer coach while in the queue to be cleared by HR.

_____ **(Paid Coaches Only)** I understand that if I coach prior to being cleared by the District's HR department that it may result in termination or a removal of the job offer or that I will not be paid for the time in which I coached while not cleared by the District.

_____ **(Volunteer Coaches Only)** I understand that on the campus where I'm volunteering, I must register with the school's Volunteer Coordinator and ultimately be cleared through the volunteer and visitor management systems.

(Coach Acknowledgment continues on next page.)



Athletic Coach Acknowledgment (continued)

Coach First Name		Coach Last Name		Employee ID #	School Year
School #	School Name	Sport		Date Cleared To Work By HR	

Coach Acknowledgment (cont.) Initial applicable lines. (* indicates required for all coaches)

_____ **(Volunteer Coaches Only)** I understand that as a volunteer I am unable to work with student(s) by myself at any point in time and that I must have a District employee accompanying me at all times while I am with students.

_____ **(Applicant Coaches Only)** I understand that I must obtain a CPR/AED/First Aid certification as a part of my hiring materials and that I will complete this on my own time and at my own expense during the hiring process.*

_____ I understand per Florida's Zachary Martin Act (House Bill 7011) that I must have a current CPR/AED/First Aid certification in order to act as a paid or volunteer coach in the state of Florida.*

_____ I understand per Florida State Statute 943.0438 and FHSAA Policy 40 that if I am coaching in a collision or contact sport that I must have all rostered student-athletes complete Baseline Concussion Testing at the start of the season and follow the Return To Play Concussion Protocol per my Athletic Trainer and/or Athletic Director's directive.*

_____ I understand per Florida State Statute, FHSAA Policy, and SDPBC directives that all student-athletes must have a completed District Athletic Packet on file prior to a student having any physical participation and that noncompliance may result in FHSAA sanctions and fines (FHSAA Bylaw 9.2.1.2 and FHSAA Policy 16.11).*

_____ I understand that I am expected to comply with all FHSAA and SDPBC Athletic Policies, Bylaws, and Directives. I further understand that FHSAA and/or SDPBC infractions may result in sanctions and fines to my school and that my supplement may be forfeited at the request of my Principal or per Florida State Statute and/or FHSAA Policy 36 (Recruiting Infractions). Lastly, I understand that I may be terminated from my coaching position(s) due to these types of violations and sanctions.*

Printed Name of Applicant/Returning Coach *Signature of Applicant/Returning Coach* *Date*

Printed Name of Athletic Director or AP over Athletics *Signature of Athletic Director or AP over Athletics* *Date*

Printed Name of Head or Assistant Coach *Signature of Head or Assistant Coach* *Date*

Printed Name of Principal *Signature of Principal* *Date*

School Use Only

Check Applicable Row

- Paid Coach - Full Supplement \$ _____
- Paid Coach - Prorated Supplement \$ _____
- Volunteer Coach - No Supplement \$ _____
- Consultant Coach - Supplement Not to Exceed CTA Contract Amount \$ _____