

**INDOOR TRACK & FIELD
COACH FORM**

FAX OR EMAIL TO:

**CHIQUANA DANCY AT THE NCHSAA OFFICE BY
THURSDAY, FEBRUARY 7th, 2019 by 12:00 PM**

FAX# (919) 240-7399

CHIQUANA@NCHSAA.ORG

SCHOOL NAME _____

WOMEN'S POLE VAULT COACH

MEN'S POLE VAULT COACH

By signing this form, I am verifying that the individual(s) named above are authorized to serve as the pole vault coach for my high school during the 2019 Indoor State Championship meets. They have completed all required courses for their respective positions, including, but not limited to the NFHS Coaching Pole Vault and Concussion in Sports courses.

ATHLETIC DIRECTOR'S NAME SIGNATURE DATE

PRINCIPAL'S NAME

SIGNATURE

DATE