INDOOR TRACK & FIELD COACH FORM

FAX OR EMAIL TO:

KELLY EDWARDS AT THE NCHSAA OFFICE BY THURSDAY, FEBRUARY 13th, 2020 by 12:00 PM
FAX# (919) 240-7399
KELLY@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 2020 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.

__________________________________________ SIGNATURE DATE

ATHLETIC DIRECTOR’S NAME

__________________________________________ SIGNATURE DATE

PRINCIPAL’S NAME