

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.

ATHLETIC DIRECTOR'S NAME

SIGNATURE

DATE

PRINCIPAL'S NAME

SIGNATURE

DATE