OUTDOOR TRACK AND FIELD
POLE VAULT
COACH FORM

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN VIA EMAIL TO:
rhonda@nchsaa.org

DEADLINE: February 24, 2025

Please print the following information

SCHOOL NAME: _____

REGION: (Example: 4A East) _____

WOMEN'S POLE VAULT COACH: _____

MEN'S POLE VAULT COACH: _____

By signing this form, I am verifying the above-named individual(s) are authorized to serve as the pole vault coach for my high school during the NCHSAA State **OUTDOOR TRACK AND FIELD** Championship meets. I certify 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.

Coaches must be on the school's master eligibility list to receive a pole vault pass for the state championships.

_____

Athletic Director's Name Signature Date

_____

Principal's Name Signature Date