

1320 West Main Street Suite 202 Franklin, Tennessee 37064-3700 Phone (615) 472-4000 Fax (615) 472-4190 Website: http://www.wcs.edu



Volunteer Coaching Release Form

_____, certify that I have requested to volunteer to perform

the duties of	at	School.
services. I understand that I cannot adduring the school year, including but nathletes. I understand that I may be el	g without promise, expectation, or rece cept any form of payment for my coach limited to payment from the school, but limited to payment from the school, but ligible to receive reimbursement for reason presentation of receipts and required	ing services at any time pooster clubs, parents or sonable expenses that I will
check/fingerprinting process and have Department. I understand I am respo may but is not or may not reimburse n	ng with the students until I have complete been approved to volunteer by the WC nsible for the cost of the fingerprinting ene for this expense. I certify that I have principal and understand the limitations	CS Human Resources expense and that the school discussed these expense
www.wcs.edu or our internal staff site, laws and regulations. In addition I will Education Rights and Privacy Act (FE Williamson Middle Athletic Association	ool Board Policies and Procedures which InSite. I will also abide by all applicable also abide by all applicable also abide by all rules and regulations of RPA), Tennessee Secondary School Among Market (WMMA), and National Federation of Splicable organizations. Failure to follow the moval.	e local, state, and federal established by the Family thletic Association (TSSAA) State high School
I certify that I have been provided with this handbook.	a copy of the coaching handbook and	have read and understand
Phone Number:	For School Year:	
	Social Security #:	
Address:		
	Returning	New
Volunteer Signature	Date	
Principal Signature:	Date:	
	SEND TO HR FOR FILE	