

COACHING ENDORSEMENT CERTIFICATION

Name: _____

Last Four Digits of Social Security Number: _____

Address _____

Street _____ City/State _____ Zip Code Work _____
Number: _____ Cell Number _____

School Coaching _____ Sport _____

2019 Class Meeting Dates

Please place a check in the box next to the class you are enrolling in. You are required to take all three classes within a three year time span. Attendance is required for all dates listed for each class.

- 1) **Coaching a Specific Sport** June 5, June 27
Classes will be held at St. Petersburg High 2501 5th Ave North, St. Petersburg
Room: TBA **Time: 6-9:00 p.m.**
(60 Points)
- 2) **Coaching Theory I** June 3,4,6,10,11
(30 Points)
Coaching Theory II June 17,18,19,24,25
Classes will be held at East Lake High **Time: 6-9:00 p.m.**
1300 Silver Eagle Dr., Tarpon Springs
(30 Points)
- 3) **Care & Prevention of Athletic Injuries I** July 2,8,9,10,11
(30 Points)
Care & Prevention of Athletic Injuries II July 15,16,17,18
(30 Points)
Classes will be held at Morton Plant Hospital The Barrett Center
Ptak Pavillion, Suite 114 **Time: 5:30 - 8:30 p.m.**
430 Morton Plant Street
Clearwater, 33756-3398
Instructor Scott Anderson 727 462-7861

**DOE Requirement mandates CPR certification. This will require participant to pay a nominal fee.
In order to receive credit for completion of this training, I understand I must attend all classes and complete all
outside assignments.**

Signed _____

Date _____

**PLEASE RETURN TO AL BENNETT, ADMINISTRATION BUILDING, ATHLETICS
IF YOU HAVE QUESTIONS PLEASE CALL 588-6124. EMAIL bennetta@pcsb.org**