

COACHING ENDORSEMENT CERTIFICATION

Name: _____

Last Four Digits of Social Security Number: _____

Address _____
Street City/State Zip Code

Work Number: _____ Cell Number _____

School Coaching _____ Sport _____

2018 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** May 29, June 28
Classes will be held at St. Petersburg High
2501 5th Ave North, St. Petersburg
Portable 2 **Time: 6-9:00 p.m.**
(60 Points)

2) **Coaching Theory I** June 4,6,7,11,12
(30 Points)
Coaching Theory II June 18,19,21,25,26
Classes will be held at East Lake High
1300 Silver Eagle Dr., Tarpon Springs
(30 Points) **Time: 6-9:00 p.m.**

3) **Care & Prevention of Athletic Injuries I** July 2,9,10,11,12
(30 Points)
Care & Prevention of Athletic Injuries II July 16,17,18,19
(30 Points)
Classes will be held at Morton Plant Hospital
The Barrett Center
Ptak Pavillion, Suite 114
430 Morton Plant Street
Clearwater, 33756-3398
Instructor Scott Anderson 727 462-7861 Time: 5:30 - 8:30 p.m.

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 BLDG.

IF YOU HAVE ANY QUESTIONS PLEASE CALL 588-6125 OR 588-6124. EMAIL bennetta@pcsb.org