

LAWRENCEBURG COMMUNITY SCHOOLS

300 TIGER BLVD.
LAWRENCEBURG, INDIANA 47025
(812) 537-7200
FAX (812) 537-0759

Coaching Information

Name (Last, First, Middle Name)

Sport Coaching (list all)

Address

City, State, Zip

Home#/Cell #

Email

I will be working with students w/o the Head Coach's supervision at ANY given time.

Yes _____ No _____

If **yes** then complete an expanded background check will need to be completed. See Julie Dudley at the Administration Building.

If **no** then complete a limited background check will need to be completed. See Julie Dudley at the Administration Building.

Please get the signature of each head coach you will be working with.

Head Coach Signature

Head Coach Printed Name

Head Coach Signature

Head Coach Printed Name

Head Coach Signature

Head Coach Printed Name

Signature

Date