



SAINT BERNARD'S
ELEMENTARY SCHOOL
- Founded in 1886 -

Coaches & Volunteer Requirements

Name _____

_____ **Annual CORI check** – *please provide a copy of the front and back of your Driver's license*

_____ **Adult Athletics Emergency Form** – Annual form

_____ **Concussion Awareness Certificate** – Annual Certificate

_____ **Fingerprinting*** - One time (Will be on record in STB Office)

Safe Environment Training – One time

_____ I need to complete this training

_____ I have completed this –on record in STB Office

Code of Conduct – One time

_____ I need to read & sign this document

_____ I have completed this - on record in STB Office

****The Catholic Schools' Office now requires that all Coaches and volunteers in our athletic programs comply with Fingerprinting requirements.***

STB ELEMENTARY SCHOOL - ADULT ATHLETICS Emergency Form

Name (First and Last):	
Home / Mailing Address:	
City, State and Zip Code:	
Phone Cell Phone	

Emergency Contact Information: Use the spaces below to record the name, telephone number, type of connection Home, cell and what type of relationship each contact person holds to you.

Contact person	Home Phone	Cell	Relationship

You can use the area below to list any medical information (medications, implants, allergies, etc.) you feel emergency medical personnel would need to know before attempting to provide aid. List the exact name of the dosage of each medication, allergies, etc.

Physician Name and Phone Number _____	
Insurance Policy Number _____	
Dentist Name and Phone Number _____	
Medical Information _____	
Signature	Date