

## **COACH'S CHECK LIST**

| 0 | Coach's Name: CEP #:  |  |
|---|---|--|
| 0 | Registered as a COACH.  |  |
| 0 | Coach's CURRENT CLINIC LEVEL:   |  |
| 0 | Coach needs the following CLINIC:   |  |
|   | <ul> <li>Level 1</li> <li>Level 2</li> <li>Level 3</li> <li>Level 3 Recertification – Track 1</li> <li>Level 3 Recertification – Track 2</li> <li>Level 4</li> <li>No Clinic this year: Expiration Date on Level 3</li> </ul> |  |
| 0 | Coach needs the following AGE-SPECIFIC MODELS:  |  |

- - 8U
  - 10U
  - 12U
  - 14U
  - 16U/18U
- o SAFESPORT CERTIFICATION:
  - Completed
  - Needs to complete