

COACH'S CHECK LIST

O Coach's Name:		CEP #:
o Registered as a CO	ACH.	
o Coach's CURRENT	Γ CLINIC LEVEL:	
Coach needs the fol	lowing CLINIC:	
Level 3 RecerLevel 4	tification – Track 1 tification – Track 2 year: Expiration Date on	Level 3
o Coach needs the following AGE-SPECIFIC MODELS:		

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