

GEORGIA HIGH SCHOOL ASSOCIATION
P.O. Box 271
Thomaston, Georgia 30286-0004
706-647-7473
FAX: 706-647-2638

SUPPLEMENTAL STAFFING FORM FOR COMMUNITY COACHES

Submit this form to GHSA throughout the year as coaching changes are made to your staff.

KEY:

- | | | | | |
|------------------------------------|-----------------------------|-----------------|--------------------|-----------------------|
| P – Principal | OAP – One Act Play (Only 1) | 6 – Tennis | 12 – Soccer | 18 – Athletic Trainer |
| AP – Assistant Principal | 1 - Football | 7 - Golf | 13 - Volleyball | B - Boys |
| AD – Athletic Director | 2 – Boys Basketball | 8 - Swimming | 14 – Cross Country | G - Girls |
| BD – Band Director (Only 1) | 3 – Girls Basketball | 9 - Wrestling | 15 - Cheerleading | |
| LC – Literary Coordinator (Only 1) | 4 - Baseball | 10 - Gymnastics | 16 - Softball | |
| | 5 - Track | 11 - Riflery | 17 - Lacrosse | |

All community coaches must have registered with the GHSA, completed the Coaches Education Program and received proof of certification before he/she is eligible to coach for your school.

List only coaches that have completed the required training. Make any additions or deletions to community coaches that were previously submitted.

Community coaches are **REQUIRED** to attend a GHSA rules clinic in the sport they coach, or the school will be fined \$100.00. **First year community coaches are also required to attend a rules clinic.**

NAME OF COACH	IDENTIFICATION NUMBER / SSN	DATE OF CERTIFICATION	SPORT Add/Delete	GHSA Pass Number

Principal's Signature _____ School _____ Date _____

Check for new staff:
 Principal's Signature – verifying that those listed have completed all community coach education requirements as stated in the GHSA Constitution and By-Laws.

Check for changes made to previously submitted community coaches:
 Principal's Signature – verifying that the noted changes have been made to the coaches' responsibilities.