NCSSAA
National Capital Secondary School Athletic Association
L'Association athlétique des écoles secondaires de la capitale nationale

LETTER OF AGREEMENT

WITH NON-TEACHING COACHES OF N.C.S.S.A.A. MEMBER SCHOOLS (over 22)

This is to certify that _____is approved as a Coach

School/École: _____

Sport: _____ JR ( ) SR ( )

Year: 20___ - 20___

EMAIL ADDRESS:_____

The above-mentioned individual is at least twenty-two (22) years of age and is aware of and has agreed to abide by the rules and regulations of the NCSSAA and OFSAA Constitutions and By-Laws.

The above-mentioned individual has the following qualifications (a minimum of 1 is required)

- NCCP Level One Technical in that sport _____
- attendance at a clinic/workshop in that sport within past 3 years _____
- past experience as a player or coach in that sport _____

This individual is: The Head Coach Assistant Coach (please circle one)

There is a teacher associated with this team: **(please circle one)**

Yes _____ (Please print the teacher's name.)

No There is no teacher from this school associated with this team.

Approved by: _____ (Principal's Signature)

_____ (Athletic Director's Signature)

Date: _____

COPIES OF THIS AGREEMENT MUST BE SENT TO THE ATHLETIC COORDINATORS AT ncssaa@ocdsb.ca PRIOR TO THE TEAM'S FIRST LEAGUE GAME.