This agreement between the Coach/Instructor of the __________________________ Club and University Recreation and Wellness (RecWell) must be signed by all parties for it to be officially recognized.

I, __________________________, agree to be the coach/instructor of the above named club for the period of time between the date of the Assistant Director-Sport Clubs’ approval and May 11, 2017. I attest that I have the proper certifications by the national governing agencies and/or written documentation of competence and experience in my area of expertise, as stated in my application. Copies of these certifications will be furnished upon request. I understand and accept the roles, responsibilities, and authority of this position described below and in the position description provided for me by the club.

1) The Coach/Instructor may act only in those areas in which he/she has been empowered by the club, subsequent to approval by the University Recreation and Wellness department. A sport club is first and foremost a student organization to be administered by elected student leaders.

2) The Coach/Instructor shall not solicit money from any source, or purchase, rent, or commit anything in the name of the University of Maryland or the above named club without the approval of the club, the Assistant Director-Sport Clubs, and other University officials as may be required.

3) The Coach/Instructor shall conduct safe and well organized practice sessions/classes that will enable club members to develop and improve their skills.

4) The Coach/Instructor shall give attention to appropriate safety practices, including the inspection of sports gear and the reporting of any hazardous facility conditions.

5) The Coach/Instructor shall promote fair play and good sportsmanship.

6) The Coach/Instructor shall be familiar with the department’s guidelines and procedures (as contained in the handbook) that govern the operation of sport clubs. He/she is expected to abide by all applicable rules and regulations of the University and any conference, league, or association to which the club may belong.

7) The Coach/Instructor shall represent the above named club and the University Recreation and Wellness department in a positive and professional manner.

In accepting this position of Coach/Instructor, I further understand:

- that I am responsible and accountable to the University Recreation and Wellness Department, as well as to the sport club for which I am coaching and or providing instruction.
- that I am required to abide by the same local, state, and federal laws as well RecWell and University policies and procedures as club members. This includes, but is not limited to, driving regulations, use of safety equipment (example - wearing life jackets during water related activities), use of drugs/alcohol, and hazing.
- that I am responsible for any medical and or other costs arising out of any bodily injury or property damage sustained by me in the performance of my duties.
- that I am serving in a strictly volunteer capacity and will not receive compensation for my services.
- that I am strongly recommended to purchase personal medical and liability insurance.

As parties to this agreement, the Coach/Instructor and the club understand that either party may terminate this agreement at any time one party feels the obligations assumed by the other party are not being met. Termination must be in writing with the reasons for the termination stated, and a copy of the letter of termination must be provided to the University Recreation and Wellness department. This agreement may also be terminated by the University Recreation and Wellness department in the event the Coach/Instructor fails to meet the responsibilities described herein.

I attest that all information provided in the Coach/Instructor Application is true and correct.

Please indicate your acceptance of this agreement by signing below.

Coach/Instructor: __________________________ Date __________________________

Club President: __________________________ Date __________________________

Assistant Director-Sport Clubs: __________________________ Date __________________________

Kurt D. Klier, RCRSP, CRSS
University Recreation and Wellness- Sport Clubs
COACH/INSTRUCTOR INFORMATION
August 30, 2016 – May 11, 2017

Name*: _____________________________________________________________

Address*: _________________________________________________________

Date of Birth*: __________________________

Preferred phone*: _______________________________ Email*: __________________________

Emergency contact*: ___________________________ Contact phone*: __________________________

Employer: ___________________________________________ Employer phone: __________________________

Employer address: ____________________________________________________________

*Recwell sport club management system allows student members to view this information and include coaches/instructors on Activity Reports and Travel Rosters. If approved, I agree to allow club officer’s to access this information.

Initial & Date __________

Please answer the following questions fully and completely.

Indicate the sport or recreational activity in which you have expertise and consider yourself qualified to teach/instruct:

______________________________________________________________

List any specialized training (include certifications and/or rankings) you may have received in this sport/recreational activity:

_________________________________________________________________

_________________________________________________________________

Describe your experience as a participant and or coach/instructor in this sport/recreational activity:

_________________________________________________________________

_________________________________________________________________

Please list two (2) personal references

Name: ___________________________ Relationship: ___________________________

Address: __________________________

Phone: __________________________

Name: ___________________________ Relationship: ___________________________

Address: __________________________

Phone: __________________________