

CHECKLIST FOR ATHLETIC DIRECTORS

1. NAME OF VOLUNTEER \_\_\_\_\_
2. HEALTH QUESTIONNAIRE COMPLETED AND GIVEN TO NURSE \_\_\_\_\_
2. VOLUNTEER COACH RECOMMENDATION FORM ATTACHED. \_\_\_\_\_
3. CHILD REGISTRY FORM ATTACHED. \_\_\_\_\_
4. CBC RECEIPT ATTACHED \_\_\_\_\_

SIGNATURE: \_\_\_\_\_