



**VARSITY
SPIRIT**

COACH ROSTER

Coach's Name	Date of Birth	DBS # <small>(England Only)</small>	Teams Coached
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Varsity Spirit has the responsibility to help promote athlete safety. It is VITALLY important ALL individuals that work with minor athletes be of upstanding moral character. By signing this form, the program does attest that they are fully aware of the background of each of the coaches and staff members that they deem necessary to work with those minor athletes. I attest that the staff and coaches that this program has working in contact with minor athletes is both legally and morally eligible to work with those athletes. I further attest that the Vulnerable Sector Screenings completed by staff and coaches have demonstrated no history of sexual offenses. I take full responsibility with regards to making sure that those coaches/staff are rightfully eligible.

I acknowledge that the information I submit in this form is subject to verification and audit and I specifically acknowledge that Varsity reserves the right, at their sole discretion, to request proof of vulnerable sector screening.

Print Name _____

Date _____

Sign Name _____