



**EL MONTE ATHLETICS**

**SPRING SEASON – 20**

<b>SPORT</b>	<b>COACHING POSITION</b>	<b>NAME</b>	<b>NOTES</b>
Baseball	Varsity Head		
	Varsity Assistant		
Softball	Varsity Head		
	Varsity Assistant		

Only the above Board approved positions and individuals will be eligible to receive payment for coaching. All other individuals assisting in athletics are volunteers, receive no pay and are approved by the site principal after fingerprinting.

By submitting the above name(s) for Board approval as temporary athletic team coaches, I am certifying to the Board that they meet all of the qualifications and competencies required by T5 CCR 5593.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal or Athletic Director