



Social Circle City Schools

CARING COMMUNITY. PREMIER ACHIEVEMENT.

Lay Coach Registration Form

School Name: _____

Sport: _____

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Do you have children attending our schools? Yes _____ No _____

Name	Teacher	Grade
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Name	Teacher	Grade
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Name	Teacher	Grade
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By signing below, I agree to act in accordance with all district policies, regulations and school rules, including, but not limited to all sign-in and identification procedures and the confidentiality and safety guidelines. I understand that I work under the direction and supervision of the teachers and principal.

Signature: _____ Date: _____

Thank you for giving your time and support to enhance the educational experience of students attending Social Circle City Schools.