



COACH / MANAGER / SUPERVISOR ACKNOWLEDGEMENT

Be it known that _____
(School)

with the knowledge and consent of the Principal, _____
(Principal of school)

recognizes and accepts _____ as coach/manager/supervisor
(name of non-school person)

(circle one) of the _____ for the school year _____.
(Group / Team)

I, _____ willingly assume the position of
(name of non-school person)

coach/manager/supervisor (circle one) of the _____
(Group / Team)

during the _____ school year. In doing so, I hereby agree to accept the responsibilities associated with the position, as well as, to abide by the policies, rules, regulations and guidelines as set forth by the school, Department of Education, district office of the New Brunswick Interscholastic Athletic Association.

Signed on the _____ day of _____, _____ at
(Month) (Year)

_____, New Brunswick.
(School)

Signature

Signature of Principal

Signature of Witness

Copy to be forwarded to:

Superintendent, District Office

NBIAA – Fax: 453-5311