

Sri Lanka Aquatic Sports Union

REGISTRATION OF COACHES 2017

(Each coach shall complete one individual form. Please fill legibly in block letters)

Full Name:	NIC No:
Preferred Name:	Date of Birth:
Personal Address: _____ _____ _____	Telephone: _____ _____ _____
Email: _____ _____	Fax: _____ _____

Aquatic Sport: (Tick appropriate Aquatic Discipline)

	SWIMMING <i>Please specify:</i> () Learn to Swim () Assistant Squad Coach () Head Squad Coach
	WATER POLO <i>Please specify:</i> () Assistant WP Coach () Head WP Coach
	DIVING
	SYNCHRONIZED SWIMMING

General Qualifications: (Please use additional sheets if necessary)

Sports Related Professional Qualifications: (Please use additional sheets if necessary)

<p>While you may coach in several different capacities and locations, please specify the following details of your MAIN training location:</p> <p>Institution/Club: _____</p> <p>Location (Pool): _____</p> <p>Position: _____</p> <p>I certify that the above-mentioned applicant is employed in our school/member of our club and is working in the above capacity.</p> <p>_____ Signature and Seal of Principal/Secretary</p> <p style="text-align: right;">_____ Date</p>	<p>* I certify that the above information is true and correct.</p> <p style="text-align: center;">_____ Signature Coach</p> <p style="text-align: center;">_____ Date</p>
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