Okaloosa County Athletic Compliance Seminar

(USE BLACK OR BLUE INK)

Name:_____ Date:_____

School: _____

(DO NOT USE SCHOOL INITIALS since there are duplicates)

☐ For In-Service Points **Circle one: in attendance / watched video**

☐ Not teacher **Circle one: in attendance / watched video**

The information covered here today or date video viewed, **(date)**_____is to benefit the coaches in Okaloosa County. Briefly describe something reviewed today you can use to enhance your profession.

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By signing this document, I understand I am responsible for following all polices and laws as they relate to my job as a coach.

Signature:_____

TURN THIS FORM IN AT THE END OF THE SEMINAR IN THE BOX LOCATED WHERE YOU SIGNED IN

or

SEND COMPLETED FORM TO BRIAN HUMPHREY
STUDENT SVS - CARVER HILL