NIAA MEMBER SCHOOL COACHING CERTIFICATION ROSTER

(as of _____)

"XYZ" HIGH SCHOOL		PLEASE LIST ALL COACHES THE SPORT(S) THEY COACH AND IF THEY ARE PROPERLY CERTIFIED IN COACHING, FIRST AID AND CPR / AED (Please note with a "W" if Coach has been Waived from requirement; "G" if Grandfathered)						
COACH (Last Name , First Name)		**SPORT(S)**				**COACHING CERTIFIED**	**FIRST AID CERTIFIED**	**CPR / AED CERTIFIED**
Binghamton	Brian	Football				G	G	x
Mangor	Louie	Football				x	x	x
Alston	Tom	Football	Wrestling			x	x	x
Smock	Ken	Football				x	x	x
Hoopla	Ronnie	Football				x	x	x
Watson	Mark	Football						x
Allen	Deanna	Volleyball				x	x	x
Hook	Captain	Volleyball				x	x	x
Strudle	Apple	Volleyball				x	x	x
Severn	Kingston	Soccer	Track			W	W	x
Stewart	Ryan	Soccer				x	x	x
Durekturn	Lane	Soccer	Basketball			W	W	x
Yardley	George	Soccer						
Muniec	Jim	Golf				x	x	x
Forbes	Tom	Basketball	Baseball			x	x	x
Kramer	Kevin	Basketball				x	x	x
Johanson	Paulie	Basketball				x	x	x
Ash	Jerry	Basketball				x	x	x
Hall	Aspen	Baseball				x		x
Goodwill	Sheila	Softball				x	x	x
Jenner	Tom	Softball				W	W	x
Creek	Crystal	Softball						x
Johnson	Brian	Track				G	G	x
Marrietta	Arnold	Track				x	x	x
Fullmer	Jayson	Track				x	x	x

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(as of _____)

Signature:	Title: