NIAA MEMBER SCHOOL COACHING CERTIFICATION ROSTER

(as of ________________________________)

SCHOOL NAME HERE (click here and type school name)		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
Signature:				Title:				