OUTDOOR TRACK AND FIELD
POLE VAULT
COACH FORM

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN VIA EMAIL TO:
rhonda@nchsaa.org

DEADLINE: MAY 1, 2023

SCHOOL NAME: _____

REGION: (Example: 1A East) _____

WOMEN'S POLE VAULT COACH: _____

MEN'S POLE VAULT COACH: _____

By signing this form, I am verifying that the above-named individual(s) are authorized to serve as the pole vault coach for my high school during the 2023 NCHSAA State OUTDOOR TRACK AND FIELD Championship meets. I certify that they have completed all required courses for their respective positions, including the NFHS Coaching Pole Vault and Concussion in Sports courses.

_____

Athletic Director's Name Signature Date

_____

Principal's Name Signature Date