

## **OUTC Coach Application Form**

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### **Address**

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Name: \_\_\_\_\_

College: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone no: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

### **Personal Information**

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Medical Conditions/accidents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trampolining Awards/experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Declaration**

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I understand that trampolining is a dangerous activity and I have read, understood and agree to comply with the risk assessment, code of conduct, and code of practise for the club, which is to ensure the safety of other participants and myself.

I will keep the club informed of any medical condition/injury and medication that may affect my ability to participate as a coach. This includes any head injuries or accidents resulting in unconsciousness in the past six months.

I agree to the above records being kept whilst I am a member of the club, on the understanding that these will be kept confidential within the club committee and coaches.

As a qualified coach, leading club sessions, I understand that I will be trusted with sensitive information about other individuals in the club. I agree to keep this confidential to the club committee and coaches.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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