



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

CARE & PREVENTION OF SPORTS INJURIES I AND II

Instructor: Tim Kocher

(30 hours class - 20 hours outside assignment)

Application: ***Coaching Endorsement Certification***

Name: _____
Last First Middle

Social Security Number: _____

Address: _____
Street City/State Zip Code

Email: _____

Home Telephone: _____ Work Telephone: _____

School Coaching: _____ Sport: _____

Class Meeting Dates: **Thursday, August 15, 2019**
Thursday, August 29, 2019
Thursday, September 19, 2019
Thursday, September 26, 2019
***Dates are subject to change**
Class Meeting Time: **6:30 p.m. to 9:30 p.m.**
Class Meeting Location: **Chamberlain High School (Rm 107)**

In order to receive credit for completion of this training, I understand I must attend ***all*** classes and complete ***all*** outside assignments.

Signed: _____

Date : _____

Return To: Athletics Department No Later Than Monday, August 12, 2019

School Mail: Athletics Department, VELASCO, Rt. 7

U.S. Mail: 1202 E. Palm Ave. Tampa, FL 33605

FAX: (813) 273-7310

Email to: District.athletics@sdhc.k12.fl.us