

MINNESOTA STATE HIGH SCHOOL LEAGUE
SUMMER COACHING WAIVER REQUEST - COACH

Please check the applicable activity(ies).

INDIVIDUAL OR TEAM SPORT

I understand that MSHSL Bylaws permit me to coach students from my school who have participated at the varsity, junior varsity, sophomore or B-squad level **from June 1 through June 30 and July 8 through July 31. With the exception of baseball and softball, I understand I am not to have any contact whatsoever with those students from July 1 through July 7.** I further understand that I may continue to coach these students through Labor Day if said coaching is a natural extension of the summer team season and if my athletic director has approved that coaching extension.

I understand that I may not require students from my school to participate as an individual or as a member of a non-school team and that my doing so or implying that they must do so may be considered to be Undue Influence and that my school may be fined up to \$1,000 for such an action.

I affirm that I am not violating the above.

I am asking my school for a waiver to coach students from my school on non-school teams, under the terms identified above, in the following sports:

1. _____ 2. _____ 3. _____ 4. _____

SUMMER CAMP OR CLINIC

I understand that MSHSL Bylaws permit me to coach students from my school who have participated at the varsity, junior varsity, B-squad or sophomore level **from June 1 through June 30 and July 8 through July 31. With the exception of baseball and softball, I understand I am not to have any contact whatsoever with those students from July 1 through July 7.**

Further, I understand that I may not require students from my school to attend a camp or clinic with me or other coaches from my school. I understand that doing so will cause me to violate the Undue Influence bylaw and that my school may be fined up to \$1,000 for such a violation. I affirm that I am not violating the above.

I am asking my school for a waiver to coach students from my school at camps or clinics in the following sports:

1. _____ 2. _____ 3. _____ 4. _____

Coach's Signature

Date

Coach's Name (please print)

THIS FORM MUST BE ON FILE WITH THE DESIGNATED SCHOOL REPRESENTATIVE OF YOUR SCHOOL PRIOR TO YOUR INVOLVEMENT AT AN ATHLETIC CAMP OR CLINIC OR WITH A NON-SCHOOL TEAM THAT INCLUDES STUDENTS WHO HAVE PARTICIPATED ON THE VARSITY, JUNIOR VARSITY, B-SQUAD OR SOPHOMORE TEAM REPRESENTING YOUR SCHOOL.