

# CGSAA COACH VERIFICATION

I \_\_\_\_\_ COACH OF THE 4th/5th/6th/7th/8th (circle one) BOYS/ GIRLS (circle one)  
(Name)

TEAM AT \_\_\_\_\_ HAS READ AND UNDERSTANDS  
(School)

THE CGSAA BASKETBALL RULES AND HAS BROUGHT ALL

QUESTIONS I HAVE TO THE ATTENTION OF THE CGSAA

REPRESENTATIVE OF THE SCHOOL AND AT THE COACHES CLINIC.

I AGREE TO ABIDE BY ALL RULES FOR THE YEAR 2004-2005.

SIGNATURE OF HEAD COACH \_\_\_\_\_

SIGNATURE OF SCHOOL CGSAA REPRESENTATIVE \_\_\_\_\_

SIGNATURE OF SCHOOL PRINCIPAL \_\_\_\_\_

DATE \_\_\_\_\_ (page 9 must be signed and dated and returned to the commissioner of basketball with the league roster at the December CGSAA meeting which is the first Wednesday of December)