

SUPPLEMENT PERFORMANCE RESPONSIBILITIES

TITLE: Head Wrestling Coach

QUALIFICATIONS:

- Required: Valid Florida Athletic Coaching or Educator's Certificate
- Recommended: Experience in Coaching High School Wrestling

REPORTS TO: Principal and Athletic Director

SUPERVISES: All Other Wrestling Coaches

JOB GOAL: To help plan, organize, coordinate and supervise the wrestling program (Varsity, Junior Varsity and 9th grade).

PERFORMANCE RESPONSIBILITIES:

- The head coach's first responsibility is the welfare and safety of all athletes under his/her supervision.
- The head coach shall plan the program in such a way as to produce a wrestling team that will be competitive in their classifications.
- Assist the athletic director in selection and evaluation of assistant coaches and make recommendations to athletic director for assistant coaches.
- Assume responsibility for checking all practice areas each day and removing hazardous objects from the practice area.
- Develop a positive public relations program in the school and community.
- Make recommendations to athletic director for purchasing sports equipment.
- Provide supervision in the locker rooms before and after practice.
- Coordinate with the athletic trainers to provide appropriate sports medicine procedures for the treatment of athletic injuries.
- Conduct yourself in a manner that will set a good example for student athletes to follow.
- Assume responsibility with the athletic director for eligibility of participants and insurance coverage of team members.
- Develop a regular season schedule of games with athletic director's approval.
- Enter the team in all qualifying events leading to state championship.
- Assist athletic director in inventory of equipment.
- Responsible for awards presentation for student athletes.
- Understand the rules of your sport, Florida High School Athletic Association regulations and district policies regarding interscholastic sports.

TERMS OF EMPLOYMENT: Annual Appointment by Principal

EVALUATION: Principal and Athletic Director

Approved by: _____ Date: _____
(Principal)

Reviewed and agreed to by: _____ Date: _____
(PRINT – Employee's Name)

Reviewed and agreed to by: _____ Emp. ID #: _____
(Employee's Signature)

**IRS REGULATIONS REQUIRE A WITHHOLDING RATE OF 28%
ON ALL SUPPLEMENTAL PAY AS OF JANUARY 1, 1994.**

Form Number: PER 213.001

New Date: 5/19/14