SUPPLEMENT PERFORMANCE RESPONSIBILITIES

Head Swimming Coach TITLE: **QUALIFICATIONS:** Valid Florida Athletic Coaching or Educator's Certificate Required: • Recommended: Experience in Coaching High School Swimming Principal and Athletic Director REPORTS TO: **SUPERVISES: Assistant Swimming Coaches** JOB GOAL: To plan, organize, coordinate and supervise the swimming program. PERFORMANCE RESPONSIBILITIES: • The coach's first responsibility is the welfare and safety of all athletes under his/her supervision. • The swimming coach shall plan the program in such a way as to produce a team that will be competitive in their classifications. • 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: _____ (Principal) Reviewed and agreed to by: ___ Date: (PRINT – Employee's Name)

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

Emp. ID #: ______
(Employee's Signature)

Form Number: PER 213.001 New Date: 5/19/14

Reviewed and agreed to by: