SUPPLEMENT PERFORMANCE RESPONSIBILITIES

SUITEMENT TERFORMANCE RESTONSIBILITIES		
TITLE:	Head Golf Coach	
QUALIFICATIONS:Required:Recommended:	Valid Florida Athletic Coaching or Educator' Experience in Coaching High School Golf	s Certificate
REPORTS TO:	Principal and Athletic Director	
SUPERVISES:	N/A	
JOB GOAL:	To plan, organize, coordinate and supervise th	e golf program.
 PERFORMANCE RESPONSIBILITIES: The coach's first responsibility is the welfare and safety of all athletes under his/her supervision. The golf coach shall plan the golf program in such a way as to produce a golf 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)	Date:
	(Principal)	
Reviewed and agreed	to by:(PRINT – Employee's Name)	Date:
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IRS REGULATIONS REQUIRE A WITHHOLDING RATE OF 28% ON ALL SUPPLEMENTAL PAY AS OF JANUARY 1, 1994.

Reviewed and agreed to by: _____ Emp. ID #: _____

(Employee's Signature)

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