



COACHES CODE OF ETHICS & CONDUCT AGREEMENT

NAME				
	LAST NAME	FIRST NAME		
ADDRESS				
CITY		STATE		ZIP CODE
HOME PHONE				
WORK PHONE				
CELL PHONE				
EMAIL ADDRESS				
<p>By printing my name, I approve that it will be accepted as my electronic signature. I acknowledge that I have read and understand the USAB Coaches' Code of Ethics & Conduct. I agree to abide by the USAB Coaches Code of Ethics and Conduct. I also understand that any violation may result in full or partial forfeitures of my coaching privileges at sites or events under the USAB and USOC governance including my status as a USAB Certified Coach.</p> <p>I further understand and agree that by PRINTING my name, it will represent my electronic signature which will be my legal and binding signature.</p>				
Coach Name (PRINT)	USAB #	Expiration Date	Signing Date	