

**COACHES PRESEASON CHECKLIST**

<b>SPORT:</b>	<b>COACH:</b>	
	<b>DATE:</b>	<b>INITIAL</b>
FIRST DAY OF OHSAA PRACTICE:	_____	_____
PHYSICALS TURNED IN:	_____	_____
1 <sup>ST</sup> ROSTER DUE TO SANDY VIA EMAIL	_____	_____
SCHEDULE VERIFIED	_____	_____
TRANSPORTATION SCHEDULE	_____	_____
TRANSFERS/FOR. EXCH. STUDENTS?	_____	_____
VERIFICATION OF OHSAA ELIGIBILITY LIST	_____	_____
CHECKED OHSAA ELIGIBILITY	_____	_____
PROGRAM ROSTERS TO SANDY VIA EMAIL	_____	_____
P2P TURNED INTO B. LIVENGOOD -ROSTER ATTACHED -NOTATIONS OF PAYMENT -P2P FORMS	_____	_____
PICTURE DAY	_____	_____
PARENTS NIGHT REQUEST	_____	_____
SENIOR NIGHT REQUEST	_____	_____

ONCE THIS FORM IS COMPLETE, TURN INTO THE ATHLETIC OFFICE.