



**Principal Verification Form**  
(Updated 10/1/12)

School: \_\_\_\_\_ City: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Member of CYO since: \_\_\_\_\_

I, \_\_\_\_\_, verify that the above applicant has  
(Principal's signature)

1. \_\_\_\_\_ Been Fingerprinted & Live Scan Form on file at above School
2. \_\_\_\_\_ Completed Play Like A Champion Training (with Safe Environment)

Date/Location of PLC Class \_\_\_\_\_

**Notes:**

- ADLA Fingerprinting automatically sends coach info to VPIN. Otherwise above School is responsible to forward Coach info to ADLA.
- CYO does not require coaches have a TB Test, but above School may.

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**CYO OFFICE USE ONLY**

<b>Form of Payment:</b>	
<b>Date of Payment:</b>	
<b>Temporary Card Issued:</b>	
<b>Temporary Card Expires:</b>	
<b>Training Class Attended:</b>	
<b>Certification Card Issued:</b>	
<b>Certification Card Expires:</b>	