



First Name \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

Complete Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**POSITION:** (Please Check)  HEAD COACH  ASSISTANT COACH

**DIVISION:** (Please Check)  BOYS/GIRLS 5-6-7  BOYS 8-9  BOYS 10-11  BOYS 12-13  BOYS 14-15  
 BOYS 16-17  GIRLS 8-10  GIRLS 11-12  GIRLS 13-17

**QUALIFICATIONS & RESPONSIBILITIES**

Years of coaching experience \_\_\_\_\_ Locations \_\_\_\_\_

Please List any certifications: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Why do you want to coach?**

1. I will ensure that I am knowledgeable in the rules of the sport and teach these rules to my players and my parents.
2. I will play all of my players at least half the game as stated in the rules.
3. I will seek approval from the Parks and Natural Resources Department prior to any discipline or dismissal of any player because of misconduct or unexcused absences.
4. I will notify my players and/or parents of practice times and locations. I will also organize practices that are fun, challenging and involve all of my players.
5. I will be responsible for my players and parents at practices and ensure no food or drinks are brought in schools/gymnasiums.
6. I will be the first one to arrive and the last one to leave the facility.
7. I will ensure that only the assistant coach, active players on the roster and I are permitted to take part in organized practices.

SIGN: \_\_\_\_\_

***WE DO A CRIMINAL HISTORY  
AND BACKGROUND SCREENING***

I understand that any false answers or failure to follow any of the above could result in losing my right to coach. I also understand that I am under the direction of the current Athletic Rules and Policies and the Parks and Natural Resources Department staff. Due to the nature of the department's responsibilities and liabilities, it will be necessary to perform background checks on volunteers for the protection and welfare of program participants.

Name (Print): \_\_\_\_\_ (Sign): \_\_\_\_\_ Date: \_\_\_\_\_