



Volunteer Coaching Application



Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Ext. _____

Cellular Phone _____ Email _____

Position Check one: Head Coach _____ Assistant Coach _____

Coach you wish to be paired with _____

Have ever you coached in an organized Basketball League before? YES or NO If so, how long? _____ Years _____ Months

Did you coach in Suffolk P&R League last year? YES or NO If so, what was name of your league division & team name? _____

Please check the sports and divisions you would prefer to coach. Divisions are listed under each sport.

| Youth Basketball League | Age Group | |
|-------------------------|-----------|--|
| Coed Novice | 5-7 | |
| Girls Pee-Wee | 8-10 | |
| Boys Pee-Wee | 8-10 | |
| Girls Midget | 11-14 | |
| Boys Midget | 11-12 | |
| Boys Junior | 13-14 | |
| Boys Senior | 15-16 | |

| Youth Cheering | Age Group | |
|----------------|-----------|--|
| Novice | 5-7 | |
| Pee Wee | 8-10 | |
| Midget | 11-14 | |

| Youth Indoor Soccer League | Age Group | |
|----------------------------|-----------|--|
| Novice | 5-7 | |
| Pee Wee | 8-10 | |
| Midget | 11-14 | |

If your child/children are registered to participate, they will be placed on your team. Place their name below.

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Please check the Region Location that you desire to practice

Please Check your Shirt Size

| | |
|--|--|
| Booker T. Washington Recreation Center | |
| Mack Benn, Jr. Recreation Center | |
| Kings Fork Recreation Center | |
| Oakland Recreation Center | |
| Northern Shores Recreation Center | |
| Creekside Recreation Center | |

| | |
|-----------------|--|
| Adult Small | |
| Adult Medium | |
| Adult Large | |
| Adult X-Large | |
| Adult XX-Large | |
| Adult XXX-Large | |

It is understood that if accepted by The City of Suffolk Department of Parks and Recreation, as a volunteer coach, I will support and enforce the following guidelines:

- To be certified through the National Youth Sports Coaches Association (NYSCA) and/or keep my certification current.
- To attend all meetings and rules clinics set up by the Department prior to the beginning of the season.
- I will promote team play that is safe, fun and enjoyable for all players.
- I will remember to encourage cooperation, self-discipline and motivation while enhancing the development of life lasting traits.
- I will promote the respect in oneself and others through good sportsmanship by emphasizing the development of cooperation and respectful behavior toward teammates, opponents, referees and coaches. I will help each child feel good about himself/herself.
- I will promote sports fundamentals, which are essential to enjoy the game. I will strive to develop each child's skills and abilities to the fullest potential and emphasize one's effort is more important than the outcome of the game.
- I will complete and submit the background check application to the Department.
- I will notify parents and players of practice times, games times, picture day, and uniform distribution day.

Signature _____ Date _____



VOLUNTEER IN YOUTH SPORTS

Consent/Release Form

NYSCA Chapter ID# **1617**

Name of Organization _____

Applicant's Name (printed)

Date of Birth _____ Social Security Number _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named
Name of Applicant organization to obtain information regarding myself.

This includes the following:

- Employment records/ Employers references
- Criminal background records/information
- Criminal background check/fingerprint
- Driver's license check
- Automobile insurance check
- Training/experience
- Personal references
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____