



**CITY OF SEMINOLE
HOLLAND G. MANGUM RECREATION COMPLEX
ATHLETIC VOLUNTEER COACH APPLICATION**

Last Name: _____		First Name: _____	
Address: _____			
City: _____		State: _____	Zip Code: _____
Home Phone: _____		E-Mail: _____	
Work Phone: _____			
Emergency Contact: _____		Phone: _____	
Age Group Interested in Coaching: _____			

I, the named adult participant or parent/legal guardian of the named child, on this form, do hereby assume all risks and hazards incidental to my participation in activities, use of the equipment and facilities or my child's participation in activities, use of equipment and facilities of the City of Seminole Recreation Center Complex, and I do hereby agree to waive, release, absolve, defend and hold harmless the City of Seminole, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind, resulting from the participation in activities, use of equipment and facilities of the City of Seminole's Recreation Center Complex.

THIS RELEASE INCLUDES A RELEASE FOR ANY AND ALL LOSSES OR INJURIES ARISING OUT OF ANY ACT OR OMMISION OR NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE CITY OF SEMINOLE, ITS EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS, AND ELECTED OFFICIALS. THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.

Signature of Volunteer Coach

Date



Agency/Department/Organization

National Background Screening Consent/Release Form

Applicant's **Legal** Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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: _____

Coaches Code of Ethics

As a Seminole Recreation Coach, you will be asked to sign and submit the Coaches Code of Ethics Pledge. Adherence to this pledge is an agreement to maintain the highest level of sportsmanship. Failure to comply with the Coaches Code of Ethics may result in being removed from your position of volunteer coach.

I will place the emotional and physical well-being of my players ahead a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice the basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all basketball practices and games.

I will be knowledgeable in the rules of basketball, and I will teach these rules to my players.

I will use those coaching techniques appropriate for learning the skills of basketball.

I will remember that I am a youth sports coach, and that the game is for the children and not the adults.

I will always use good sportsmanship in dealing with the basketball officials.

Volunteer Coach

Date

Program Coordinator

Date