

## **COACHING APPLICATION**

## PLEASE FILL OUT COMPLETELY

Name	DOB	SSN*	<u>-</u>	
Mailing Address	City	State	Zip Code	
Primary Phone				
*Full SSN required to run back **Email necessary for backgrounts.	ground checks. und checks and attaching you to your tea cam communication functions are availab	m in Civic Rec to receiv	ve access to coach's portal	
	de information including, but not limit We would appreciate your help and p			
Text [ ]				
	ease my mailing address to those individus. IF YOU DO NOT wish for the release			
acknowledge that I am subj	ject to a criminal background chec	ck by Sulphur Parks	and Recreation. Initials	
Sport	League (age group)Team l		ıested	
participate in:	e participating in a recreation sport um and league)			
I returned the equipment previously issued for my team			YES NO	
I have been convicted of a felony crime			YES NO	
coaching experience, any	ch a Sulphur Parks and Recreation coaching organizations to which last three years:	they belong, and an	y coaching clinics or	
workers will not be held respons SPAR or during transportation to or injuries that occur as a result of	nation on this form is correct and that Sulible for any injury while participating in to said facilities. I further understand SPA or participation in or use of its facilities.	the recreation program a AR does not provide heal This release is valid for	t any facilities scheduled for use th insurance coverage for accide all SPAR sponsored programs un	
the right to terminate duties with one week of the end of the seaso	derstand that I have applied for what is cout cause. SPAR provides each team withon. SPAR does not provide any financia and enforcing all rules and regulations	h basic equipment that cal assistance to individuate	oaches are required to return with al teams and/or coaches. Coacl	
Signature Date			ate	