

WOOD RIVER PARKS AND RECREATION YOUTH LEAGUE COACHING APPLICATION

Please complete this form in its entirety to be considered

Last Name _____ Middle Initial _____ First Name _____

Street Address _____ City _____

Home Phone _____ Work Phone _____ E-mail or Cell Phone _____

Date of Birth _____

Circle One: Coach Assistant Coach Division _____

Circle One: Baseball Softball Soccer Basketball

Child Participating: Yes / No Childs Name: _____ Childs Age _____

List Previous Coaching Experience or Other Qualifications:

To be eligible to coach, all applicants will be subjected to criminal background checks. This is for the safety of the children participating. Please sign the following consent statement.

I, the undersigned, in connection with this application, hereby authorize the Wood River Recreation Department to investigate my criminal history through proper law enforcement channels and release the department and it's agents from any liability or responsibility from doing so.

Signed: _____ Birth Date: _____ Date: _____

Office Use Only:
Approved by: _____ Date: _____