



WCPRD Youth Sports Coaching Application

Date: _____

Circle one: Head coach Assistant coach

If assisting, for which head coach? _____

What league are you interested in coaching (sport and age group): _____

Do you have a child participating in the league? If so, what is his/her name? _____

Applicant information:

Name: _____

Address: _____

Cell phone: _____ Other phone: _____

Email: _____

**Please provide a current email address. Email will be our primary form of communication regarding important information. It is the fastest and easiest way for WCPRD to communicate with all of our coaches at once, and we appreciate your cooperation.*

Shirt size (circle one): AS AM AL AXL AXXL AXXXL

Do you have experience coaching or playing the sport in which you are applying to coach? Yes No

To what extent (years played/coached, what level of high school/college, etc.):

Why do you want to coach with WCPRD?

Application Authorization:

As a parent, guardian, participant, or organization in the White County Parks and Recreation Department program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I, my children, or organization may have as a result of participating in this program against the White County Parks and Recreation Department, its officials, agents, employees, and volunteers from and against any and all claims, suites of actions, including attorney fees, sustained or caused by myself, my children, or organization arising out of, in connection with, or in any way associated with the activities of this program. I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release, and forever discharge any and all claims against the Parks and Recreation Department and its officials, commissioners, officers, agents, employees, and volunteers for damages and/or injuries which may arise from any participant in this program. I understand that concussions and head injuries are risks associated with any participant in this program. I understand that concussions and head injuries are risks associated with any program, activity, or sporting event. I agree that I will abide with a Departmental official's decision to remove my child from an activity or event if the official suspects my child has sustained a head injury or concussion. I also agree to abide by the policy's mandate to provide a note from a qualified healthcare professional before my child may resume participation in Department events/activities. I hereby consent and authorize White County Parks and Recreation, its publishers, licensees, and assignees permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade, or advertising purposes. I also confirm that I waive all claims arising from such use for any compensation, damages, and invasion of privacy.

Applicant signature _____ **Date** _____

Background check received? _____ Staff Initial _____ Date _____