



County of Newberry – YMCA – Town of Prosperity Coaching Application

Full Name: _____ Birthdate ____/____/____
(First) (Middle Initial) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Cell: _____ Email: _____

Driver's License: _____ SSN# _____ - _____ - _____
(State) (Number) (Expires)

Sport: Wee-T / T-Ball / Coaches Pitch / Soccer **Head Coach** / **Assistant**

Continue Coaching same team as last year: Team: _____ League: _____

References: List below the names of two people (no relatives), whom you have known for at least one year of your coaching experience.

- | | | | |
|----|--------------------|--------------|---------------|
| 1. | | | |
| | (Name and Address) | (Occupation) | (Years Known) |
| 2. | | | |
| | (Name and Address) | (Occupation) | (Years Known) |

What is the one thing, in your opinion, that makes a good coach? _____

Have you been convicted of a Class A Misdemeanor or Felony Crime? Yes No IF yes, please explain: (Use the back of this sheet if needed) _____

Please read the following information carefully before signing:

I hereby understand that by completing and signing this Application, I give my permission to the County of Newberry, Newberry County Family YMCA & Town of Prosperity or its designees, to conduct a background check which may include a review of criminal and child abuse records. ***I further understand that if information put on this form is inaccurate, I can be removed without recourse.*** I understand and agree by signing this Application that my appointment as a coach is conditional, for a **one-season term** and strictly dependent upon my following the rules and regulations of the program. I understand that the Town of Prosperity has the final approval on whether I will coach a team. I further agree to hold harmless from liability the County of Newberry, Newberry YMCA & Town of Prosperity, their officers, Board Members, agents or employees and other volunteers from any matter resulting from the investigation of my application to volunteer, from my performance as a volunteer, or from my removal or suspension from my conditional appointment. I finally agree to familiarize myself with the rules of the game and be bound by those rules. I further understand that if I do not abide by the rules set forth, I can be removed from coaching.

I understand all coaches are required to make every effort to attend a coaching clinic when provided.

Print Name: _____ Signature: _____ Date: _____