

# Kingston Parks and Recreation

## Volunteer Coaching Application

First name		Middle Name		Last name		
Address		City		County/State		
Driver's License Number			Date of Birth			
Sport (Circle one) <b>Softball</b>			<b>Volleyball</b>			
Email			Cell Number			
<input type="checkbox"/> Coach	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Equipment Mgr.	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Referee	<input type="checkbox"/> Scorekeeper
Coaches Shirt size S M L XL XXL						
Coaching Age/Grade				Coaching Son or Daughter Name		

## Coaches Agreement

**Focus:** I understand that this Kingston Park and Recreation Program is designed for the development of the youth.

**Responsibilities:** I recognize that an important part of my coaching responsibility is to teach and demonstrate to all participants (players and parents) good sportsmanship, Discipline, self-confidence, teamwork, and cooperation. It is my responsibility to communicate all practice and game times with all players and parents.

**Coaches meeting:** I understand that I will be required to attend a coach meeting prior to the start of the season, where the Kingston Park and Recreation rules, policies, and procedures will be explained.

**Background Check:** It is Critical that the Kingston Park and Recreation Program maintain the safety of all the children in our program. A background check will be completed on all coaches prior to their approval. It is our policy to preserve the privacy of all our coaches. No information will be shared with any other organization. By my signature, I authorize Kingston Park and Recreation to conduct a background check of my criminal history.

Signature	Today's Date / /
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