



YOUTH SPORTS COACHING APPLICATION

Please complete and return application prior to the registration deadline:
Litchfield Park Recreation Center ~ 100 S. Old Litchfield Road, Litchfield Park, AZ 85340
Fax: (623) 935-7188 / Can also be completed electronically via Adobe Acrobat

CONTACT INFORMATION:

FULL NAME: <i>(First, M.I., Last)</i>	
HOME PHONE: <i>(xxx)xxx-xxxx</i>	
ALTERNATE PHONE: <i>(xxx)xxx-xxxx</i>	
EMAIL ADDRESS:	

MAILING ADDRESS:	
CITY / STATE:	
ZIP CODE:	

EMERGENCY CONTACT INFORMATION :

NAME:	
HOME PHONE: <i>(xxx)xxx-xxxx</i>	

RELATIONSHIP:	
ALTERNATE PHONE: <i>(xxx)xxx-xxxx</i>	

SEASON:

Fall Winter Spring

CHILD or RELATIVE to be PLACED on YOUR TEAM: *(This is NOT a registration)*

AGE DIVISION / SPORT:

4-5 Basketball 10-11 Basketball 4-5 Soccer 8-9 Soccer 3-4 Tee Ball 6-7 Flag Football
 6-7 Basketball 12-14 Basketball 6-7 Soccer 10-12 Soccer 5-6 Tee Ball 8-10 Flag Football
 8-9 Basketball 7-8 Coach Pitch 11-12 Flag Football

PERSONAL INFORMATION:

SHIRT SIZE: Adult Small Adult Medium Adult Large X-Large Other _____

OCCUPATION: _____ EMPLOYER: _____

Are you 18 years of age or older? YES NO

Have you EVER been arrested (since you turned 18)? YES NO

If yes, please explain: _____

Have you EVER been convicted of any violation of federal, state, local or military law or statute? YES NO

If yes, please explain: _____

COACHING EXPERIENCE:

Have you coached with the City of Litchfield Park before? YES NO

If yes, what sport(s)? _____

List any other experiences you have had with voluntary or youth organizations: _____

By signing this application, I certify that all information on this form is true to the best of my knowledge. I also authorize the City of Litchfield Park Community & Recreation Services Department to make all necessary and appropriate investigations allowable by law. It is my responsibility to keep the Community & Recreation Services Department advised of any changes in address, or phone numbers.

SIGNATURE: _____

DATE: _____



Litchfield Park

Coaches' Code of Ethics

I hereby pledge to live up to the City of Litchfield Park's Coaches' Code of Ethics

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for the children and not adults.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.

NAME:

ADDRESS:

CITY / STATE / ZIP:

EMAIL ADDRESS:

SIGNATURE:

*Which sports have you previously coached in the City of Litchfield Park?
(check all that apply)*

Basketball

Flag Football

Tee Ball

Soccer

NOTE: We require all youth sports coaches to complete an annual background check upon completion of the NYSCA Certification Class.

This background check includes the following:

- Social Security Number Trace
- National Criminal Database Search
- Statewide / Countywide Criminal Search

*The Completion of this application **DOES NOT GUARANTEE** a coaching position.*

The City of Litchfield Park's Community & Recreation Services Department will notify each applicant of their status.

CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

Print Name:

First

Middle

Last

Former Name(s) and the Dates Used:

Former Name

Date Used

Current Address:

Street Address / City / State / Zip

*Residence Since
(MM / YEAR)*

Previous Address:

Street Address / City / State / Zip

*Residence Dates
(MM / YEAR)*

Social Security Number:

Date of Birth:

(MM / DD / YEAR)

() -

Telephone Number:

Drivers License Information:

Drivers License Number

State Issued

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **CITY of LITCHFIELD PARK** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **CITY of LITCHFIELD PARK** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources. **CITY of LITCHFIELD PARK** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature:

Date:

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.