

Youth Athletic League Coaching Application

Thank you for your interest in volunteering with Person County Recreation, Arts, and Parks Department. Please complete the following application to serve as a volunteer coach with one of our Athletic Leagues. A Parks, Arts and Parks staff member will contact you with more information on becoming a volunteer and completing a background check.

Personal Information

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ (Secondary): _____

Email: _____ Birthdate: _____ Age: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

Email: _____

Special Medical Circumstances: _____

Coaching Background

1. Are you a returning coach? Yes No
2. Please select which coaching position you are applying to coach: Head Coach Assistant Coach
3. Please select which sport you are applying to coach:
 Baseball Basketball Cheerleading Football
 Kickball Softball Soccer Volleyball
4. Please select which age group you are applying to coach:
 5-6 boys 5-6 girls 7-8 boys 7-8 girls 9-10 girls 9-10 boys
 11-12 girls 11-12 boys 13 & up girls 13 & up boys Other: _____

5. Do you currently have youth participating in the athletic program? Yes No
If so, what is the player's name and which league do they participate in? _____

6. Why would you like to coach?
7. What is your coaching experience?
8. Have you attended the National Alliance of Youth Sports (NAYS) training? Yes No
If yes, please list approximate date of training: _____
9. Select your personal playing experience: Recreational High School College Professional
10. Do you currently coach or will you coach a private league or competitive travel team during the same season for which you are applying to coach?
 Yes No
If yes, will this commitment allow you to give full participation and attention to coaching a Person County Recreation and Parks team? Please explain your response.
11. What is your general coaching philosophy for coaching a recreational team?
12. Describe your coaching objectives for the season.

Coach's Agreement

THIS AGREEMENT, made this _____ day of _____, _____, by and between the Person County Recreation, Arts, and Parks Department and the Citizen Volunteer, _____
_____.

WITNESSETH

WHEREAS, the Person County Recreation, Arts, and Parks Department encourages public participation and support in coaching youth athletic leagues; and

WHEREAS, the Citizen Volunteer has through past action and/or expressed interest to assist the Person County Recreation, Arts, and Parks Department with coaching youth athletic leagues; and

WHEREAS, both the Citizen Volunteer and the Department desire to establish a mutually beneficial relationship, hereby enter into an agreement regarding their respective responsibilities for coaching a youth athletic team:

(Please initial each statement indicating that you are responsible for the following)

I agree that if I am selected to coach a team:

- _____ I will attend all coaches meetings or send a representative.
- _____ I will read, understand and abide by all league rules and the Person County Recreation, Arts, and Parks Department, Code of Conduct
- _____ I will be responsible for the return of all equipment and coaches badges.
- _____ I will be responsible for my team's and coach's conduct on the field/court.
- _____ I will be responsible for my teams' parents conduct during a game.
- _____ I will set a good example for the players and parents on my team.

Confidentiality Agreement

I understand that associated with my volunteer coaching responsibilities with the Person County Recreation, Arts, and Parks Department, I may gain access to certain personal and confidential information regarding participants that I may work with. I agree to hold all information I may have access to confidential and will not discuss or share any information to unauthorized parties. I also agree to provide only information relevant to the specific service requested.

I understand that I am not authorized to take photographs/video of participants and/or staff without prior approval from my League Manager, for the sole use of the Person County Recreation, Arts, and Parks Department. I understand that if authorized to take photographs/video, I may not share or post the pictures or information regarding any participant and/or staff.

By signing below, I acknowledge that I understand that sharing confidential information to unauthorized parties may subject me to disciplinary action up to suspension and/or dismissal from my volunteer coaching position with Person County Recreation, Arts, and Parks Department.

Applicants Signature: _____ Date: _____

COVID-19 Risks; Release and Indemnity Agreement

COVID-19 is a highly contagious and novel viral agent. Its transmission vectors are imperfectly understood, and it may be possible to transmit or become infected by COVID-19 despite strict adherence to guidelines prescribed by the Centers for Disease Control (CDC) and other federal, state, and local health agencies. While the Department staff will make reasonable efforts to adhere to the above-stated guidelines, users of PRCR programs and facilities may be exposed to increased risk of transmission or infection of COVID-19 through various actions or interventions, including but not limited to contact with or proximity to one or more of the following: other coaches or athletes, staff members, or administrators; the personal belongings of other coaches, athletes, staff members, or administrators; programming and activity materials including, but not limited to, workout equipment, recreational equipment, etc.; and County fixtures and furnishings, including door knobs, chairs, tables, plumbing apparatus, light switches, etc.

WHEREAS, the undersigned has requested to assist with coaching an athletic league at a facility within the Person County, North Carolina; and

WHEREAS, the undersigned agrees to do so at his or her own risk and recognizing the possible and inherent danger to his or her person or property resulting therefrom. These risks include but are not limited to: equipment problems or failures; contact with and actions of other fitness room users, participants, spectators, and volunteers; slips/trips/falls; musculoskeletal injuries; exposure to and illness from infectious diseases, and any and all risks described in the preceding section; and

WHEREAS, Person County does not wish to be liable for any damages arising from personal injury, death, illness, or property damage sustained thereby;

NOW, THEREFORE, In consideration of mutual promises and other good and valuable consideration, the undersigned does hereby for himself / herself and their personal representatives:

- A. Acknowledge that he/she has been given reasonable notice of the actions taken by Person County for the purpose of reducing the risk of transmission of COVID-19 to individuals present on the premises, and agree that the Person County's actions have been reasonable
- B. Assume full responsibility for any personal injury or any damage to his or her property, which may occur, directly or indirectly, in the course of coaching or assisting with athletic league programs.
- C. Fully and forever release, and discharge Person County, its agents and employees, from any and all claims, demands, rights of action or cause of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the above-described activity.
- D. Agree that it is the intent of the undersigned that this Release and Indemnity Agreement shall be in force and effect any time after the execution hereof.



EXECUTION

I hereby agree by my signature below to the terms of this agreement as stated above. I certify that the statements made in this Coaching Application are true, correct, and given voluntarily and information may be disclosed to any party with legal and proper interest. I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the Person County Recreation, Arts, and Parks Department.

I understand that the Person County Recreation, Arts, and Parks Department reserves the right to screen volunteers, and the Department will not accept anyone as a volunteer who would jeopardize any aspect of service or the safety of Parks, Arts, and Recreation customers and staff.

Volunteer Name (Printed)	Volunteer Signature	Date
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Athletic Staff Signature/Title*	Date
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TO BE COMPLETED BY VOLUNTEER'S PRCR STAFF SUPERVISOR

Supervisor Name: _____ Phone: _____

Email: _____

Position of Volunteer: _____ Volunteer Work Site: _____

Program, Site, or Facility: _____

Volunteer Duties:

% of Time volunteer unsupervised by FT staff: _____

% of Time volunteer in contact with minors: _____

*All volunteers who are approved must have the youth athletic league manager sign agreement above