

CORNELIUS PARKS & RECREATION DEPARTMENT  
AND  
DAVIDSON PARKS & RECREATION DEPARTMENT  
2021-2022 YOUTH WINTER BASKETBALL LEAGUE

**Coaching Application**

(\*Applicants under the age of 18 yrs of age can only be in an assistant role)

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Coach's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\* E-Mail Address #1: \_\_\_\_\_

\*\* E-Mail Address #2: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Division Coaching: Girls: \_\_\_7/8 \_\_\_9/10 \_\_\_11/14

Boys: \_\_\_7/8 \_\_\_9/10 \_\_\_11/12 \_\_\_13/14

Coed: \_\_\_5/6 Instructional

Will your child be playing on this team? \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_

Person you wish to coach with, if known: \_\_\_\_\_

Coaching preference: Coach \_\_\_\_\_ Co-Coach \_\_\_\_\_

List any specific days/times you can or cannot hold practices, location preferences (if any), as well as any other information that will help us with scheduling:

\_\_\_\_\_  
\_\_\_\_\_

**NEW COACHES ONLY:**

List past coaching experience: Sport / Division / Sponsoring Agency / Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

In consideration of the acceptance of this application, I hereby certify that all information contained herein is both accurate and correct to the best of my knowledge and I acknowledge that my participation will be subject to screening. Further, I understand that if selected as a volunteer coach, I am responsible for attending the coach's certification meeting and abiding by the coaches' code of ethics. I pledge to put the best interest of our youth ahead of any other factors and understand that I am subject to termination if I fail to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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2021-2022 YOUTH WINTER BASKETBALL LEAGUE  
**Background Check Consent Form**

**\*PLEASE NOTE: Coaches in our 2021 Cornelius Polar Bear or Fall Flag Football League do not need to complete this page of the Coaching Application**

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Name of Organization: Town of Davidson Parks and Recreation

Applicant's Full (Legal) Name (Print)

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Applicant's Address

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

I, \_\_\_\_\_ (name of applicant), authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Employment records/Employers references
- Criminal background records/information
- Criminal background check/fingerprint
- Driver's license check
- Automobile insurance check
- Personal references
- Addresses
- Training and Experience

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature

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