

Coach/Assistant Coach Profile

CITY OF SELAH PARKS AND RECREATION

HEAD COACH

Name: _____

Address: _____

City: _____ Zip: _____ Date of Birth: _____

Email: _____

Primary Phone: _____ Is this a cell phone: YES NO

If this is a cell phone, can we text message you? YES NO

Secondary Phone: _____ Is this a cell phone: YES NO

If this is a cell phone, can we text message you? YES NO

Spouse's Name: _____

Name of Emergency Contact (if different from spouse): _____

Relation: _____ Phone: _____

ASSISTANT COACH

Name: _____

Address: _____

City: _____ Zip: _____ DOB: _____

Email: _____

Primary Phone: _____

Is this a cell phone: YES NO If so, can we text you on it? YES NO

Emergency Contact Name: _____

Phone: _____ Relation: _____

Sports Information

CITY OF SELAH PARKS AND RECREATION

Sport: _____ Year/Season: _____

Division (Grade): _____ If coaching more than one team, please indicate: _____

Jersey color preference: 1. _____ 2. _____

YOUR JERSEY SIZE: _____

As a volunteer coach, you are provided with one complimentary child registration. Please complete this portion for accurate registration of this child:

Child's name: _____

Age : _____ Birthdate: _____ Gender: M F

Grade: _____ Address (if different than your own): _____

Would you like him/her on your team?: Y N

If not, do you have a coach request?: _____

CHILD'S JERSEY SIZE: _____

Notes to the Recreation Coordinator:

Please indicate any restrictions and/or problems you may have (ex: practice nights, days, planned vacations, absences for work) and we will work to accommodate you.

Preferred practice day, time, and location:

Days: _____ Time: _____ Location: _____

Volunteer Agreement

PURPOSE: The purpose of this agreement is to outline the responsibilities of the youth sports coach in providing volunteer opportunities, and to create an understanding between the City of Selah Parks and Recreation Department and the volunteer. The agreement shall apply to persons voluntarily performing non-compensated services for the City of Selah Parks and Recreation Department.

Volunteer Name: _____

Home Phone: _____

Date of Birth: _____

Cell Phone: _____

Can you receive texts? Y N

Address: _____

City, State, Zip: _____

Email: _____

_____ | Check here to be added to an email list for future coaching or volunteer opportunities

I understand that I will not be compensated for my work by volunteer to do so in a safe, responsible manner. I agree to abide by all relevant City of Selah Parks and Recreation policies and procedures. The City of Selah Parks and Recreation department shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive any compensation or benefits as a result of this agreement. If I decide to discontinue my volunteer service, I will notify the City of Selah Parks and Recreation Department Coordinator or Recreation Director.

Further, I certify that I am capable of performing the duties that are requested. If I am unable to perform the duties requested, I will immediately notify the Recreation Coordinator or Recreation Director, so that either a suitable corm of accommodation may be found, or that an individual who is capable of performing the task can complete it. In consideration for the City of Selah Parks and Recreation Department giving me permission to perform these volunteer services, I understand and agree to the following terms as shown by my initials:

1. ____ I am not to appear for volunteer services under the influence of any drugs or alcohol. I agree to inform the Recreation Coordinator if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.
2. ____ I will abide by all policies regarding personal conduct while performing volunteer services.
3. ____ I agree to not go beyond the scope of volunteer of volunteer work agree to, as listed in the Sports Coaching Packet, without authorization from the appropriate Recreation Director or Recreation Coordinator.

4. ____ I am able to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
5. ____ I am to report any on-the-job injury or illness to myself or any player, no matter how minor, to the Recreation Director or Recreation Coordinator.
6. ____ I consent to a background check into my history in accordance with RCW 43.43.830-839 and waive any right of privacy I may have in such information for the limited purpose of the City of Selah Parks and Recreation Department considering it for my suitability as a volunteer.
7. ____ I understand that I or the City of Selah may terminate this agreement at any time without cause and that I am volunteering my services at will and may be asked to discontinue my volunteer service without prior notice or reason.
8. ____ I agree to hold harmless the City of Selah Parks and Recreation Department, its officials, employees, and agent for any damage, claim, or lawsuit for injury, illness, or damage or loss of any kind to me arising out of my performance in any way of the volunteer services outlined in the scope of volunteer services listed below.
9. ____ I grant permission to use any photographs, videotapes, motion pictures, or recordings for publicity purposes by the City of Selah. I am signing for my minor child, I, the undersigned parent or guardian, do hereby grand permission to the City of Selah to use any photographs, videotapes, motion pictures, or recordings for publicity purposes by the City of Selah Parks and Recreation Department.

Please initial: _____ YES _____ NO

This agreement will be in effect for the duration oh my volunteer services beginning this date:

Coach Signature	Date

Signature of Parent or Guardian (If volunteer is less than 18 years old)	Date

Expectations

Please initial all as indication that you have read and agree to their statement.

1. _____ Remember that these are games. Make the activity fun for everyone
2. _____ Respect the rules of the game
3. _____ Respect those enforcing the rules of the game
4. _____ Be early and organized for practice
5. _____ Communicate – constantly – with parents (Ex: practice dates/times, practice cancellations, game dates/times, game cancellations)
6. _____ Make contact with your players' parents within TWO days of receiving a team roster
7. _____ Have an organized plan for each practice
8. _____ Be a positive role model and leader for your team and parents
9. _____ Demonstrate good sportsmanship at all times
10. _____ Set high standards for your team and lead by example
11. _____ Promote parent involvement with the team
12. _____ Promote competition, teamwork, and hard work
13. _____ Enjoy the experience

Code of Ethics and Conduct

Please initial all and sign below as indication that you have read and agree to their statement.

1. _____ I hereby pledge and agree as a volunteer youth coach, to follow the City of Selah Parks and Recreation Department's Code of Ethics and Conduct.
2. _____ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sporting event.
3. _____ I will create a positive learning experience for all who participate.
4. _____ I will conduct myself in the highest degree at all times, lead by example, and demonstrate good sportsmanship, fair play and teach integrity of the game.
5. _____ I will remember that I am a youth coach and that the game is for the players and meant to be fun.
6. _____ I will place the emotional and physical well-being of my players ahead of a personal desire to win.
7. _____ I will do my best to make this psort fun for all my players.
8. _____ I will remember to treat every player as an individual and be sensitive to each player's feelings.
9. _____ I will be knowledgeable in the rules of each sport I coach and I will teach and follow these rules.
10. _____ I will teach my players to treat other players, coaches, fans, and officials with respect.
11. _____ I will accept the decisions of the officials on the field or court as being fair as far as possible and the game being called to the best of their ability.
12. _____ I understand that if I do not conduct myself in accordance to the conduct policies, I will be asked to leave the activity premises.

Coach's Name

Date