



COACH APPLICATION & VOLUNTEER DISCLOSURE

2017-18

Please select the age group(s) you wish to coach:

- COED 5-6 GIRLS 7-9 GIRLS 10-12 BOYS 7-8 BOYS 9-10 BOYS 11-13 BOYS 14-17

Are you coaching your child? If yes, what is your child's name? _____

IMPORTANT! All Smyrna Junior Basketball League Coaches are REQUIRED TO COMPLETE a PERSONAL BACKGROUND CHECK and CONCUSSION TRAINING CERTIFICATION prior to first game.

Name _____ (Last, First, Middle) DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address(es) _____

Driver's License No. & State _____ SSN _____

Name as it appears on Driver's License _____

Previous Coaching Experience _____

Have you ever coached in this League? YES NO

Have you ever worked with youth? YES NO When/Where? _____

Have you ever been convicted of a crime of violence? YES NO If yes, please explain:

Have you ever been convicted of a crime against a person? YES NO If yes, please explain:

Previous Residence (last 3 years) Address _____

City _____ State _____ Zip _____
(USE BACK IF NECESSARY FOR PREVIOUS ADDRESSES.)

PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY AND SIGN BELOW

I, the undersigned, hereby indemnify, defend and hold harmless the Smyrna Junior Basketball League and its appointed or elected officials, employees, agents and each of them for any and all suits, actions, legal or administrative proceedings, claims, demands, liabilities, interests, attorney's fees, cost and expenses whatsoever kind of nature, arising out of my (my child or dependent) participating in this program. I further recognize the authority of the Smyrna Junior Basketball League board of Directors to remove any coach, player, referee or spectator from any facility and or event deemed necessary in order to assure compliance with the Town of Smyrna Parks and Recreation Departments Rules and Regulations and to assure the well being of Park users, programs, town facilities and citizens. Recognizing this authority, I hereby hold the Town of Smyrna and its designees and appointees harmless. I further verify that this signature insures that I am covered by an accident or medical insurance policy. I understand I must complete and pass a background check in addition to concussion training prior to first game. I have read and agree to abide by the Code of Ethics for Smyrna Junior Basketball Volunteer Coaches. I understand that all coaches must be approved by the Smyrna Junior Basketball League Board. By signing this, I authorize Smyrna Junior Basketball to proceed with a background check.

Signature _____ Date _____

Print Name _____



CODE OF ETHICS FOR VOLUNTEER COACHES

2017-18

Name _____

I, the above named candidate for a position on the Smyrna Junior Basketball League team, do hereby agree to the following Code of Ethics:

- **I will always conduct myself in a professional and sportsmanlike manner.**
- **I will do my very best to provide a safe play situation for my players.**
- **I will place the emotional and physical well-being of my players ahead of any personal desire to win.**
- **I will remember that I am a coach, and that the game is for children and not adults.**
- **I will abide by all rules set by Smyrna Junior Basketball League, Rutherford County Board of Education and the Town of Smyrna Parks and Recreation Department.**

The information that I have furnished on this form is subject to verification, including a complete background check.

Signature _____ Date _____

Print Name _____

Email Address _____

PLEASE ADD ANY ADDITIONAL COMMENTS OR EXPLANATIONS: