

ALMA BACON COUNTY RECREATION
BASKETBALL COACHES APPLICATION

Coach's Application

I understand that becoming a volunteer coach, I will be governed by rules and policies of the Alma Bacon County Recreation Department and the league in which the Department is participating. This includes my becoming certified (NYSCA/Heads Up Concussion) before the first practice and successfully completing the consent to conduct background check. Failure to complete/pass background check or failure to complete certification process will result in loss of coaching privileges. This also means that I am aware that I must **adhere** to the **coaching ethics policies** of this position.

Shirt Size: Female or Male S M L XL XXL XXXL

Would you like to be Head Coach: _____ Assistant Coach: _____

Basketball

Ages: 5-6 _____ Flea Ages: 7-8 _____ Mite Ages: 9-10 _____ Midget Ages: 11-12 _____

APPLICANT NAME: _____

ADDRESS: _____

Phone (H) _____ (W) _____ Cell _____

E-Mail please print _____

- I understand that the Alma Bacon County Recreation Department will perform a mandatory background check.

Have you ever been convicted of a felony crime? No _____ Yes _____

Have you ever been convicted of a crime or violation of the law, other than a traffic violation?

Yes _____ No _____ If yes, please explain _____

Are you a certified NYSCA Coach? Yes _____ No _____

Are you certified Heads Up Concussion? Yes _____ No _____

- I understand that failure to conduct myself in a sportsmanlike manner will result in Dismissal from coaching.
- If accepted for a coaching position, head coach or assistant, I hereby agree to abide by the rules and regulations and Code of Ethics set forth by the Alma Bacon County Recreation Department.

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE YOU A TEAM

Signature _____ Date _____