

BURKE COUNTY RECREATION DEPARTMENT

Coach's Application

Background authorization active through \_\_\_\_\_ Background Check approved through \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Mailing)

(City/State/Zip code)

PHONE #: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PAGER #: \_\_\_\_\_ CELL#: \_\_\_\_\_

EMAIL \_\_\_\_\_

May we publish your email address on our website? Yes \_\_\_\_\_ No \_\_\_\_\_

I release BCRD to use my photo in any publicity presentations. Yes \_\_\_\_\_ No \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

Can you be contacted at work? Yes \_\_\_\_\_ No \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SHIRT SIZE: AS AM AL AXL AXXL AXXXL AXXXXL

SPORT: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

Do you have a child or children in a league? Yes \_\_\_\_\_ No \_\_\_\_\_ Which league(s)? \_\_\_\_\_

Name of Child or Children: \_\_\_\_\_

Would you like to be: HEAD COACH \_\_\_\_\_ or ASSISTANT COACH (to) \_\_\_\_\_

Please list any assistants: \_\_\_\_\_

Have you already secured a sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of sponsor: \_\_\_\_\_

Have you ever coached at the Burke County Recreation Department before? Yes \_\_\_\_\_ No \_\_\_\_\_

Year Began: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Coaching Experience: \_\_\_\_\_

Why should I be selected as a coach for the Burke County Recreation Department?

Color Choice for Jerseys: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

*(The sponsor reserves the right to choose team colors. If the sponsor does not choose specific colors, then the coach may do so, based upon availability.)*

Coaches are expected to always conduct themselves in an adult-like manner and should display good sportsmanship both on and off the field. He/she should place the emotional and physical well-being of the players ahead of any personal desire to win. As a volunteer, I am aware of my responsibility as a representative of the Burke County Recreation Department and I agree to not use profanity or participate in the drinking of alcoholic beverages prior to and when in the presence of the children that I am supervising. I understand the athletic manager or the director of the BCRD will have the right to suspend any coach or assistant coach at any time, if desired. I agree to become certified prior to the first game of the season and to complete the consent to conduct a background check form. I understand that failure to complete/pass the background check or failure to complete the certification process will result in loss of coaching privileges.

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

PLEASE SIGN COACH'S CODE OF ETHICS ON BACK OF THIS FORM.



## NYSCA COACHES' CODE OF ETHICS

*I hereby Pledge to live up to my certification as an NYSCA Coach by following the NYSCA Coaches' Code of Ethics.*

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for the children and not the adults.

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_