

SAMSON RECREATION DEPARTMENT

VOLUNTEER COACH/ASSISTANT COACH INFORMATION/RELEASE

Full Legal Name: _____

Home Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

HOLD HARMLESS RELEASE

As a volunteer Coach or Assistant Coach of Samson Recreation Department I agree to hereby release and hold harmless Samson Recreation Department, Coaches or Sponsors from any and all claims of injury or misfortune arising in any Samson Recreation Department activity. I understand that I am not a paid contractual individual and not considered an employee of the City of Samson.

I voluntarily consent to and authorize the Samson Recreation Department to conduct a back and criminal background check and be finger printed if necessary.

I further agree to indemnify and save harmless the Samson Recreation Department, it's officer, agents and employees from and against all loss or expense (including attorney fees) by reason of liability imposed by law upon the Samson Recreation Department for damages due to bodily injury, including loss of thereof, arising out of or in consequences of the performance of this agreement, providing such injury to persons or damage to property is due or claimed to be due to negligence of the above named participant. I am willing to carry health and accident insurance. A copy of this authorization shall be effective as the original.

I have read, agree and accept the Hold Harmless Agreement above.

Name: (please print) _____

Signature: _____ Date: _____

RELEASE OF INFORMATION

By signing this registration form I understand that my background may be checked for any type of criminal activity or arrest record I may have. I further understand that I may be terminated as a coach/assistant coach, for any misconduct, by the Samson Recreation Department. I accept full responsibility for my conduct, the conduct of my assistant coach, players, parents and any other persons associated with the team I am assigned.

Signature: _____ Date: _____

SAMSON RECREATION DEPARTMENT

BASKETBALL COACH/ASSISTANT COACH APPLICATION

Full Legal Name: _____

Home Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Will your child be participating in the basketball league? Yes ___ No ___

If yes, please complete the following information:

Child's Full Legal Name: _____

Birthdate: _____ Age _____ Sex _____ School _____

Would you like to: Coach _____ Assistant Coach _____

Please mark the following age group(s) you wish to coach/assist coach:

Tiny Mites – Ages 5-6 _____

Pee Wee – Ages 9-10 _____

Mites – Ages 7-8 _____

Midget – Ages 11-12 _____

Male _____

Female _____

Coaching Experience:

Have you ever coached sports before? _____

If yes, how many years have you been coaching? _____

What sports do you have experience coaching? _____

Other information about yourself relevant to coaching a group of youth:

