

# Coach



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

Which coaching role(s) are you interested in?

Head Coach  Assistant Coach

Which age division(s) are you interested in?

Termite  08U  10U  12U  14U  16U  18U

The player fee is waived for child or sibling of each **Head** coach.

Whose fee would you like to be waived? \_\_\_\_\_

Who would you like to coach with? \_\_\_\_\_

How many seasons have you coached for HIHA? \_\_\_\_\_

How many seasons have you coached for another ice or inline hockey league? \_\_\_\_\_

Have you coached for another youth sports league? If so, please list the league and number of seasons.

\_\_\_\_\_

\_\_\_\_\_

Are you certified as a coach for any youth sports? If so, please list the sport, certification level, and certification number, if available.

\_\_\_\_\_

\_\_\_\_\_

**Please read carefully.**

All HIHA head coaches must attend a HIHA sanctioned coaching seminar. HIHA will provide one such seminar, at no cost to the coach, each season. Attendance is mandatory for all new coaches. All coaches must sign a background check authorization form.

All HIHA coaches agree to hold themselves to the highest professional standard. HIHA will not tolerate unsportsmanlike conduct from a coach toward their players, other teams' players, spectators, referees, or league officials. Any coach exhibiting unsportsmanlike conduct will be penalized by the league. These penalties may range anywhere from a warning to a ban from coaching within the Hendersonville Parks system. Please keep in mind. *We are doing this for the kids.*

Please sign here to show you have read and understand this statement.

\_\_\_\_\_



## VOLUNTEER IN YOUTH SPORTS

### Consent/Release Form

NYSCA Chapter ID# **5129**

Name of Organization: **City of Hendersonville Parks Department**

Applicant's Name (printed)

---

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant's Address

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named  
Name of Applicant organization to obtain information regarding myself. This  
includes the following:

- Employment records/ Employers references
- Criminal background records/information
- Criminal background check/fingerprint
- Driver's license check
- Automobile insurance check
- Training/experience
- Personal references
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

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

Signature:

---