



BLAKELY-EARLY COUNTY RECREATION DEPARTMENT COACHES WEBSITE APPLICATION

Name _____ Age _____ SSN _____
 Address _____ Email _____
 City _____ State _____ Zip Code _____
 Home/Work Phone _____ Alternate No. _____
 Employed By _____ Years of Employment _____
 Can you be contacted at work? _____ Work hours _____ to _____
 Have you ever coached or assisted in a program? _____
 If yes where _____ NYSCA CERTIFICATION # _____
 Sport(s) that you are requesting _____

Coaches, remember you are a volunteer and are invited to coach within the Blakely-Early County Recreation Department. The Recreation Department has the right under certain circumstances to suspend or remove coaches at any time. The Blakely-Early County Recreation Department's Athletic Coaches Policies & Ethics and the National Youth Sports Coaches Association's Code of Ethics will be basis for suspension or removal. Anything not covered under the above will be acted on by the Recreation Department staff.

Do you pledge to carry out all the rules and regulations and policies of the league and abide by any ruling made by the Department regarding any situation which may arise during the season? _____

I have read the above explained to me and will tend by any decision made at the Recreation Department.

SIGNED _____ DATE _____

Should you be approved, all assistant coaches chosen by you will be your direct responsibility and should be cleared through the Department prior to their notification.

Approved or Disapproved by:

_____ DATE _____

LEAGUE DIRECTOR

Assigned Age Group _____ TEAM _____