

YOUTH BASKETBALL COACHES APPLICATION

City of Fircrest • Parks & Recreation

555 Contra Costa Ave Fircrest WA 98466

(253) 564-8177 • fax (253) 238-4173

Co-Ed	GIRLS	BOYS
<input type="checkbox"/> K/1st Grade	<input type="checkbox"/> 4/5th Grade Girls	<input type="checkbox"/> 4th Grade Boys
<input type="checkbox"/> 2/3rd Grade		<input type="checkbox"/> 5th Grade Boys

Team Name _____

Head Coach _____

Head Coach Address _____ City _____ Zip Code _____

Phone _____ Work Phone _____

Email _____

Assistant Coach _____

Assistant Coach Address _____ City _____ Zip Code _____

Phone _____ Work Phone _____

SCHEDULING CONSIDERATIONS:

CONFLICTS: *(Be specific with dates and time)* _____

Reason for conflict: *(All conflicts may not be honored)* _____

I am eighteen years of age or older, fully competent, and I desire to be a participant in the City of Fircrest-Sponsored volunteer activity of Youth Basketball. I am fully aware that there are special dangers and risks inherent in this activity including, but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration may be allowed to participate in this City-sponsored activity and/or use of City facilities, I assume all risk of injury, damage and harm to myself arising from such activities or use. I also individually, and on behalf of my heirs, executors and assigns, release and hold harmless the City of Fircrest, its officials, employees, and agents and agree to waive any right of recovery that I may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to me arising out of my voluntary participation in this activity.

PREFERENCE OF SHIRT COLOR:

(please note: preferences aren't guaranteed)

Head Coach Signature

Date

