

**ATHENS-CLARKE COUNTY LEISURE SERVICES
ATHLETIC DIVISION
COACH'S APPLICATION**

NAME: _____ DOB: _____
MM/DD/YY

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS: _____

Employed by: _____ Years of Employment: _____

Can you be contacted at work? _____ Work Hours _____ To: _____

Have you ever coached or assisted in a program? _____ YEAR OF NYSCA CERTIFICATION: _____

If yes, where? _____

Sport you are requesting: _____ Age Group: _____

Position you are requesting: Head Assistant Child's Name: _____
(CIRCLE ONE) (PRINT FULL NAME)

Coaches, remember you are a volunteer, and you're invited to coach within the Athens-Clarke County Leisure Services Department. ACC Leisure Services has the right under certain circumstances and according the Code of Conduct to suspend or remove coaches at any time. ACC Leisure Services' Athletic Coaches Policies & Ethics, Code of Conduct, 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 ACC Leisure Services Staff.

Do you pledge to carry out all 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 had the above explained to me and will stand by any decision made by ACC Leisure Services

SIGNED: _____ DATE: _____

Should you be approved, Team Parents chosen by you will be your direct responsibility.

Approved or Disapproved by:

LEAGUE DIRECTOR DATE: _____

Assigned:

Age Group: _____ Team: _____