

**SMYRNA JUNIOR BASKETBALL LEAGUE COACHES
APPLICATION/VOLUNTEER COACHING DISCLOSURE**

(Please note if you have **not** completed a personal back ground check with the **Town of Smyrna Parks and Recreation Department** that is **currently** on file, meaning you may have completed a background check to coach another sport that is governed by the Town of Smyrna, you must do so in order to be a Head Coach in the Smyrna Junior Basketball League. A **\$10** background check fee is due when your application is submitted. The back ground check is a \$20 fee and the League is funding half of the cost.)

Name: _____ Home Phone: _____
(Last, First, Middle)

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ DOB: _____

Driver's License No.: _____ SSN: _____

Previous Coaching Experience: _____

Have you ever coached in this League? Yes ___ No ___

Have you ever worked with youth? Yes ___ No ___ When/Where? _____

Have you ever been convicted of a crime of violence? Yes ___ No ___ If yes, please explain:

Have you ever been convicted of a crime against a person? Yes ___ No ___ If yes, please explain:

Previous Residence (last 3 years)

Address: _____

City: _____ State: _____ Zip: _____

PLEASE CIRCLE WHICH AGE GROUP YOU WISH TO COACH

Coed: 5/6

Boys: 7/8

9/10

11/13

14/17

Girls: 7/8

9/11

PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY AND SIGN BELOW

I, the undersigned, hereby indemnify, defend and hold harmless the Town of Smyrna and the Smyrna Junior Basketball League and its appointed or elected officials, employees, agents and each of them for any and all suits, actions, legal or administrative proceedings, claims, demands, liabilities, interests, attorney's fees, cost and expenses whatsoever kind of nature, arising out of my (my child or dependent) participating in this program. I further recognize the authority of the Smyrna Junior Basketball League board of Directors and the Town of Smyrna Parks and Recreation Department Staff to remove any coach, player, referee or spectator from any facility and or event deemed necessary in order to assure compliance with the Town of Smyrna Parks and Recreation Departments Rules and Regulations and to assure the well being of Park users, programs, town facilities and citizens. Recognizing this authority, I hereby hold the Town of Smyrna and its designees and appointees harmless. I further verify that this signature insures that I am covered by an accident or medical insurance policy.

Signature: _____ Date: _____

Print Name: _____

please turn page and complete

COACHES CODE OF ETHICS

Name: _____

I, the above named candidate for a position on the Smyrna Junior Basketball League team, do hereby agree to the following Code of ethics:

- I will always conduct myself in a professional and sportsmanlike manner
- I will do my very best to provide a safe play situation for my players
- I will place the emotional and physical well-being of my players ahead of any personal desire to win
- I will remember that I am a coach, and that the game is for children and not adults.
- I will abide by all rules set by Smyrna Junior Basketball League, Rutherford County Board of Education and the Town of Smyrna Parks and Recreation Department

The information that I have furnished on this form is subject to verification, which may include a complete background check provided by the Town of Smyrna Parks and Recreation Department.

Signature: _____ Date _____

Print Name: _____

Email address: _____

PLEASE ADD ANY ADDITIONAL COMMENTS OR EXPLANATIONS: