



PARKS & RECREATION

Newton County Recreation

Miracle League Coaching Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Place of Employment: _____

Is your child registered for the program you wish to coach/instruct? _____

Registered Child's Full Name: _____

Please circle one: **Head Coach** **Assistant Coach** **Miracle League Buddy**

Do you have any formal training as a coach? _____

Explain (i.e. Degree, Certifications, Clinics): _____

Do you have any experience working with youth organizations or special needs kids? _____

Please list: _____

I understand that any information that I have provided may be verified if necessary by contacting persons or organizations named in this application, or by contacting any person or organization that may have information about me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Newton County and its Recreation Department, its agents, and employees. I understand that in compliance with the Child Protection Act of 1993, and further legislation, I agree to allow the information given in this application to be used for this matter. I am aware that any information that would call into question my being entrusted with the supervision, guidance and care of youth will be reason to be denied coaching privileges. I also understand that in signing this application, I have read the above information. If selected to coach, I agree to follow the guidelines set up by the National Association of Youth Sports, and to comply with the rules and regulations set forth by the Newton County Recreation Department. I affirm that all information given on this application is true and correct.

By checking this box, I consent to a Nationwide Background Check provided by the National Center for Safety Initiatives

Signature: _____ Date: _____