Youth Sports Coaching Application

This form allows individuals to submit a request to coach in the BPD Basketball League

Coaching Application Guidelines:

- Coaches are allowed to request 1 assistant coach.
- Coaches will be required to hold practice at least 1 time per week; the park district will provide gym space.
- The coaches' meeting is **MANDATORY** for those applying to coach; the individual is responsible for all information presented at that meeting.
  COACHES MEETING: 11/26/18 @ 7:00p.m.
- This Coaching Application **DOES NOT** guarantee the individual a coaching position.
- Coaching Applications will be considered in the order they are received.
- A Background Check form **MUST** be filled out for this form to be valid.

Please circle the appropriate league for which you are volunteering to coach:

D-League (1st / 2nd Grade)	**3rd / 4th Boys**	**5th / 6th Boys**	**7th /8th Boys**
	3rd / 4th Girls	**5th / 6th Girls**	**7th / 8th Girls**

Head Coach Name: _____

Contact Phone #: _____

Email: _____

Child's Name: _____

Asst. Coach Name: _____

Contact Phone #: _____

Email: _____

Child's Name: _____

I have read, and understand, the Coaching Application Guidelines above:

Signature _____ **Date:** _____

235 Lions Drive ▪ Barrington, IL 60010
Phone: (847) 381-0687 ▪ Fax: (847) 381-8794
www.barringtonparkdistrict.org

Barrington Park District
Criminal Background Check
Waiver and Release of all Claims Form

Please read this form carefully and be aware by agreeing to allow the Barrington Park District to conduct a criminal background check, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

- I understand that completion of a criminal background check is a condition of my employment or volunteer work with the Barrington Park District.
- I agree to waive and relinquish all claims I may have against the Barrington Park District and its officers, agents, servants and employees, as a result of participating in the criminal background check.
- I do hereby fully release and discharge the Barrington Park District, its respective officers, agents, servants and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background check.
- I have read and fully understand **this Waiver and Release of All Claims.**

Subject Information

Subject Name: _____
Last Name First Name Middle Initial

Date of Birth: _____/_____/_____
Month Day Year

Sex: _____

Race: _____

Social Security#: _____ - _____ - _____

Valid Codes for Sex:
Male ..... M
Female..... F

Valid Codes for Race:
White.....W
African American .....AA
Asian/Pacific Island.....A
American Indian/Alaskan...I
Unknown.....U

_____
Signature

_____
Date

_____
Printed Name

Barrington
PARK DISTRICT