



# YOUTH SPORTS COACHING APPLICATION

Please complete and return application prior to the registration deadline:  
Litchfield Park Recreation Center ~ 100 S. Old Litchfield Road, Litchfield Park, AZ 85340  
Fax: (623) 935-7188 / Can also be completed electronically via Adobe Acrobat

### CONTACT INFORMATION:

FULL NAME: <i>(First, M.I., Last)</i>	
HOME PHONE: <i>(xxx)xxx-xxxx</i>	
ALTERNATE PHONE: <i>(xxx)xxx-xxxx</i>	
EMAIL ADDRESS:	

MAILING ADDRESS:	
CITY / STATE:	
ZIP CODE:	

### EMERGENCY CONTACT INFORMATION :

NAME:	
HOME PHONE: <i>(xxx)xxx-xxxx</i>	

RELATIONSHIP:	
ALTERNATE PHONE: <i>(xxx)xxx-xxxx</i>	

### SEASON:

Fall     Winter     Spring

### CHILD or RELATIVE to be PLACED on YOUR TEAM: *(This is NOT a registration)*

\_\_\_\_\_

### AGE DIVISION / SPORT:

<input type="checkbox"/> 4-5 Basketball	<input type="checkbox"/> 10-11 Basketball	<input type="checkbox"/> 4-5 Soccer	<input type="checkbox"/> 8-9 Soccer	<input type="checkbox"/> 3-4 Tee Ball	<input type="checkbox"/> 6-7 Flag Football
<input type="checkbox"/> 6-7 Basketball	<input type="checkbox"/> 12-14 Basketball	<input type="checkbox"/> 6-7 Soccer	<input type="checkbox"/> 10-12 Soccer	<input type="checkbox"/> 5-6 Tee Ball	<input type="checkbox"/> 8-10 Flag Football
<input type="checkbox"/> 8-9 Basketball				<input type="checkbox"/> 7-8 Coach Pitch	<input type="checkbox"/> 11-12 Flag Football

### PERSONAL INFORMATION:

SHIRT SIZE:     Adult Small     Adult Medium     Adult Large     X-Large     Other    \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

Are you 18 years of age or older?     YES     NO

Have you EVER been arrested (since you turned 18)?     YES     NO

If yes, please explain: \_\_\_\_\_

Have you EVER been convicted of any violation of federal, state, local or military law or statute?     YES     NO

If yes, please explain: \_\_\_\_\_

### COACHING EXPERIENCE:

Have you coached with the City of Litchfield Park before?     YES     NO

If yes, what sport(s)? \_\_\_\_\_

List any other experiences you have had with voluntary or youth organizations: \_\_\_\_\_

**By signing this application, I certify that all information on this form is true to the best of my knowledge. I also authorize the City of Litchfield Park Community & Recreation Services Department to make all necessary and appropriate investigations allowable by law. It is my responsibility to keep the Community & Recreation Services Department advised of any changes in address, or phone numbers.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Litchfield Park

# Coaches' Code of Ethics

## *I hereby pledge to live up to the City of Litchfield Park's Coaches' Code of Ethics*

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for the children and not adults.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.

NAME:

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ADDRESS:

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CITY / STATE / ZIP:

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EMAIL ADDRESS:

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SIGNATURE:

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*Which sports have you previously coached in the City of Litchfield Park?  
(check all that apply)*

Basketball

Flag Football

Tee Ball

Soccer

**NOTE:** We require all youth sports coaches to complete an annual background check upon completion of the NYSCA Certification Class.

This background check includes the following:

- Social Security Number Trace
- National Criminal Database Search
- Statewide / Countywide Criminal Search

*The Completion of this application **DOES NOT GUARANTEE** a coaching position.*

*The City of Litchfield Park's Community & Recreation Services Department will notify each applicant of their status.*

**CONFIDENTIAL**

**BACKGROUND CHECK AUTHORIZATION**

Print Name:

\_\_\_\_\_  
*First*

\_\_\_\_\_  
*Middle*

\_\_\_\_\_  
*Last*

Former Name(s) and the Dates Used:

\_\_\_\_\_  
*Former Name*

\_\_\_\_\_  
*Date Used*

Current Address:

\_\_\_\_\_  
*Street Address / City / State / Zip*

\_\_\_\_\_  
*Residence Since  
(MM / YEAR)*

Previous Address:

\_\_\_\_\_  
*Street Address / City / State / Zip*

\_\_\_\_\_  
*Residence Dates  
(MM / YEAR)*

Social Security Number:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_  
*(MM / DD / YEAR)*

(        )        -

Telephone Number:

\_\_\_\_\_

Drivers License Information:

\_\_\_\_\_  
*Drivers License Number*

\_\_\_\_\_  
*State Issued*

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **CITY of LITCHFIELD PARK** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **CITY of LITCHFIELD PARK** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources. **CITY of LITCHFIELD PARK** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.