

TROUP COUNTY PARKS & RECREATION COMMISSION
1220 LAFAYETTE PARKWAY
LAGRANGE, GA 30241
PHONE: 706/883-1670 FAX: 706/883-1643

Coaches Application

Sport: _____ Male Team: Female Team: Coed Team:
Age Group Preferred: _____ Home Phone: (____) _____
Work Phone: (____) _____
Child Playing: Yes No Cell Phone: (____) _____
E-mail: _____
Child's Name (s): _____
Sponsor Name: _____ (if applicable)

Personal Information

Name: _____ Date of Birth: _____ Age: _____
Shirt Size: _____ Mailing Address: _____

City State Zip + 4

What Volunteer Position desired: Head Coach Asst. Coach Team Mother

If head coach please list Asst. Coach: _____

Asst. Coach/Team Mother please list Head Coach: _____

The Parks & Recreation Commission reserves the right to assign coaches to teams.

- Do you have experience coaching in this particular sport? Yes No
- Have you ever served as a volunteer for Troup County Parks & Recreation Commission? Yes No
- If yes, how many years and in what capacity? _____
- Have you attended NYSCA training sessions or any volunteer coach training program? Yes No
- What other training have you received that will help you serve as an asset to the Commission? (First Aid, CPR, etc.)

- If selected to coach, would you follow the goals & objectives and philosophy set by the Troup County Parks & Recreation Commission? (These are listed on the information sheet) Yes No

I understand that if I am selected to coach, I will be governed by the rules and policies set forth by the Parks & Recreation Commission. This includes completing N.Y.S.C.A. certification before the regular season, which involves a total of two hours instruction. All of the information given in this application is truthful.

Signature

Date

(Please see reverse side)

LIABILITY WAIVER AND PARTICIPATION AGREEMENT

The undersigned desires to participate in volunteer programs and provide volunteer services to Troup County, Georgia and/or its agencies or commissions, and, in connection with and consideration for the same, the undersigned agrees as follows:

I, the undersigned Volunteer, for myself, my hers, executors, administrators and assigns do hereby forever exonerate, release, acquit and discharge Troup County, Georgia and Troup County Parks & Recreation, their directors, officers, boards, commissions, commissioners, elected officials, agents, employees, and volunteers (the Releasees) from all claims, demands, damages, actions, suits, debts, liabilities and causes of action of every nature which I have or might ever have against Release's for any damage, loss or injury, either to person or property, or both, arising from or any way connected with any injury or other loss which may be sustained in connection with my volunteer services, including, but not limited to, my operation or use in any way of motor vehicles in connection with Releasees' programs/activities. I understand that the Releasees include governmental entities and/or their agents, officers and employees and that the above waiver and release of liability specifically includes, but is not limited to, and claim I may have against Releasees for the negligent performance of, or failure to perform, ministerial acts or functions.

In executing this Agreement, I represent that I am in good physical and mental health and not suffering from any condition, disease or disablement which would or could affect safe participation in Releasees programs/activities. I further represent and agree that I will not use or be under the influence of alcohol or any illegal drug while participating in Releasees programs/activities, and I will not use any prescription medication which would or could affect my safe participation in Releasees programs/activities. I am thoroughly familiar with the rules and regulations promulgated by Releasees for the programs/activities in which I participate and agree to comply with the same as well as Releasees stated and customary terms and conditions for participation. I understand and agree that the volunteer relationship between me and Release's is "at will" and that either party may terminate the relationship without cause at any time.

IN SIGNING THIS AGREEMENT, I FULLY UNDERSTAND THAT IF I OR ANYONE ELSE IS INJURED, DAMAGED, HURT OR DIES, OR IF PROPERTY IS DAMAGED AS THE RESULT OF MY VOLUNTARY SERVICES/PARTICIPATION IN RELEASEES' PROGRAMS/ACTIVITIES, I WILL HAVE NO RIGHT TO MAKE A CLAIM, FILE A LAW SUIT, OR COLLECT DAMAGES FROM THE RELEASEES, EVEN IF THE RELEASEES NEGLIGENTLY CAUSE SUCH INJURY OR DAMAGE.

Volunteer

Date

Signature of Parent/Guardian (if volunteer is under 18 years of age):

Volunteer's Parent or Guardian

Date

CONSENT FORM

I hereby authorize Troup County Parks and & Recreation Commission to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Sex

Race

Date of Birth

Address

City

State

Zip Code

Social Security Number Signature

Notary: _____

Date: _____

(Please see reverse side)