



# COACHING APPLICATION

**Royal Palm Beach Parks & Recreation**  
100 Sweet Bay Lane Royal Palm Beach, FL 33411  
PH: (561) 790-5124 FAX: (561) 791-7079  
www.royalpalmbeach.com

## COACHING REQUIREMENTS

To become a coach for Royal Palm Beach Parks & Recreation, individuals must complete this registration undergo a background check with an acceptable result, at no cost to the prospective coach, through any and all agencies deemed necessary by the Village of Royal Palm Beach. Additionally, individuals must become certified through the National Youth Sports Coaches Association (NYSCA) by attending a certification course and paying the associated fees.

## VOLUNTEER INFORMATION

NAME: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ SHIRT SIZE (Circle One): S M L XL XXL

ARE YOU CURRENTLY NYSCA CERTIFIED? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, what sport(s): \_\_\_\_\_

*(If Yes, Please Provide a Copy of your Card)*

HAVE YOU COACHED THIS SPORT BEFORE? \_\_\_\_\_ No \_\_\_\_\_ Yes Where / When? \_\_\_\_\_

DO YOU HAVE KNOWLEDGE OF THIS SPORT? \_\_\_\_\_ No \_\_\_\_\_ Yes

ARE YOU INTERESTED IN COACHING ANY OTHER SPORTS? If yes, which sports? \_\_\_\_\_

WHY ARE YOU APPLYING TO COACH? \_\_\_\_\_

## ACTIVITY INFORMATION

SPORT: \_\_\_\_\_ YEAR: \_\_\_\_\_

DIVISION: \_\_\_\_\_ ROOKIE (6U) \_\_\_\_\_ TRAINING (8U) \_\_\_\_\_ PREP (10U)  
\_\_\_\_\_ JUNIOR (12U) \_\_\_\_\_ SENIOR (14U) \_\_\_\_\_ PRO (18U)

REFERENCES		
NAME	PHONE	RELATIONSHIP

## RELEASE OF ALL CLAIMS

I agree to return all equipment issued or to pay for the replacement thereof. I understand that participation may involve many RISKS and INJURIES, including, but not limited to, death, serious neck and spinal injuries and other serious injuries or impairment to the body.

I hereby, agree to hold the Village of Royal Palm Beach, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation or the participation of my child/ward in activities related to the Recreation Department Programs.

The terms hereof shall serve as a release for my heirs, estate, executor, and administrator, assignees and for all members of my family.

"I have read the foregoing and understand and will abide by all of the principals and regulations contained therein. "

DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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

\*\*\*\*\*Office Use Only\*\*\*\*\*

Received By: \_\_\_\_\_ Inputted: \_\_\_\_\_ Background Check to H.R. \_\_\_\_\_ Cleared to Coach \_\_\_\_\_

NYSCA #: \_\_\_\_\_ NYSCA Expiration Date: \_\_\_\_\_