

ONslow COUNTY PARKS AND RECREATION DEPARTMENT

Coach - Manager - League Official Agreement

Full Name _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Home _____ Work _____ Cell _____

Fax _____ Email _____

Coaching Experience _____

Active Duty Military ___ Yes ___ No

Sport _____ District _____

Age Division _____ Team _____

IMPORTANT: Read carefully before signing

I understand that this program is for the benefit of the youth participants; I realize that my conduct will have a definite impact on the participants and program. I will respect the decisions of the game officials, district coordinator, and district officers. I am aware that I may be ejected from the game which could lead to possible being removed from coaching if my conduct is not in keeping with the principles of good sportsmanship.

I realize that as a Coach/Manager, I have an important role in the County Recreation Program; therefore, I pledge to abide by all program rules, and to support and cooperate with the district and with the Onslow County Parks and Recreation Department in fulfilling the duties of my position.

In signing this form, I authorize Onslow County Parks and Recreation Department to obtain background information, including information from criminal records, driving records, etc. I understand that if I fail the background check, I will not be allowed to serve in a volunteer capacity.

Signature _____

Date _____

