



Youth Sports Coach Registration Form
Recreation and Park Commission for East Baton Rouge Parish

Personal Information: (Please Print)

Applicant's Last Name _____ First Name _____ Middle Initial _____

Applicant's Address _____

City _____ State _____ Zip _____ Date of Birth _____

Social Security # _____ Email Address _____

Home Phone # _____ Cell Phone # _____

Team Information:

Team name _____ League/Age Division _____

Are you the head coach? Yes No If not, who is? _____

Liability Waiver/Photo Release:

I understand that there is an element of risk involved in activities of this nature and that BREC assumes that I am covered by personal liability insurance. By signing this waiver my permission is granted to BREC personnel to provide basic first aid and to secure emergency medical services if needed.

During our league events, a photographer will often be on BREC premises taking photos of the participants. Pictures will be used in marketing brochures, program guides, advertising, etc. By signing this waiver, I permit myself to be photographed for the above-stated purposes.

Signature: _____ Date: _____

Background Check Consent:

I authorize and give consent for BREC to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Signature: _____ Date: _____

Policy Receipt Acknowledgement:

I have received and read BREC's Volunteer Credentialing Policy and agree to abide by the policy guidelines as a condition of my volunteer status at BREC. I understand that if I have questions, at any time, regarding the Volunteer Credentialing Policy, I will consult with BREC's Volunteer Coordinator.

Please read the attached policy carefully to ensure that you understand the policy before signing this document.

Signature: _____ Date: _____

BREC Office Use Only:

Received / / Entered / / Badge Y N League _____
eCord SSCI File # _____