

Coaches Interest and Contact Information Form

Contact Information	First Name:		Last Name:	
	Primary Phone:	(____) ____ - ____	Backup Phone:	(____) ____ - ____
	Email:			

Coaching Experience	Have you coached here at Balboa Sports Center before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when? _____
	Have you coached at other parks or locations? (i.e.: YMCA, Recreation & Parks...) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, where? _____
	What sport and division(s) have you coached in the past? Sport(s): _____ _____ _____ <input type="checkbox"/> Tiny Mite (Ages 3-4) <input type="checkbox"/> Mighty Mite (Ages 5-6) <input type="checkbox"/> Rookies (Ages 7-8) <input type="checkbox"/> Minor (Ages 9-10) <input type="checkbox"/> Major (Ages 11-12) <input type="checkbox"/> Juniors (Ages 13-15)

Coaching Clearance	Have you been fingerprinted at a City of Los Angeles Recreation Park? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, where? _____
	Are you fully vaccinated? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, as of when? _____

Coaching Request	What sport and division are you interested in coaching? Sport: _____ <input type="checkbox"/> Co-Rec <input type="checkbox"/> Girls <input type="checkbox"/> Tiny Mite (Ages 3-4) <input type="checkbox"/> Mighty Mite (Ages 5-6) <input type="checkbox"/> Rookies (Ages 7-8) <input type="checkbox"/> Minor (Ages 9-10) <input type="checkbox"/> Major (Ages 11-12) <input type="checkbox"/> Juniors (Ages 13-15)
	Do you have a child currently registered in leagues at Balboa Sports Center?
	Player Name: _____ Division: _____ Player Name: _____ Division: _____ Player Name: _____ Division: _____

Signature

Print Name

Today's Date

****If coach is under 18yrs, parent / guardian signature required below****

Parent / Guardian Signature

Print Name

Today's Date

**Volunteer coaching positions are not guaranteed; coaches are scheduled based on facility needs. **