



YOUTH SPORTS LEAGUES Coach Application



Name _____

Email _____

Address _____

City, State, Zip _____

Phone: Home _____ Cell _____ T-shirt size: _____

Are you an Anderson Township resident? (circle) Yes No

Please indicate which sport and grade/age you are interested in coaching (circle):

Basketball - GIRLS: 1st & 2nd / 3rd / 4th / 5th / 6th / 9th-12th / 10U / 12U / 14U

Basketball - BOYS: 1st / 2nd / 3rd / 4th / 5th / 6th / 10U / 12U / 14U

Volleyball - boys and girls: 2nd / 3rd / 4th / 5th / 6th / 10U / 12U / 14U / 16U

Have you coached in an Anderson Township Park District league before? Yes No

If yes, when? _____

Is there someone with whom you would like to coach? Yes No

If yes, please list coach's name _____

Do you have a child playing in the league you are interested in coaching? Yes No

Please list your playing or coaching experience: _____

I agree to abide by the Anderson Township Park District's ("ATPD") coaching requirements. I understand that failure to complete or maintain any of the coaching requirements may result in disqualification to coach in ATPD sports leagues. I knowingly assume all responsibility of coaching in ATPD sports leagues and hereby release the entities of the facilities used including, but not limited to: Anderson Township Park District, Forest Hills Local School District, Anderson Foundation for Parks and Recreation, Zion Lutheran Church, and Beech Acres Parenting Center, and their respective Boards, employees, agents, assignees, sponsors, volunteers, and instructors from all responsibility in the event of accident or injury. I hereby acknowledge the ATPD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet", via www.andersonparks.com/ConcussionLaw and at the Beech Acres Park RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230. In consideration of my participation in this ATPD league, I agree that my likeness may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the ATPD. Furthermore, I authorize the ATPD to use my e-mail address to send me ATPD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information regarding coaching in the ATPD leagues.

Signature _____ Date _____

Coaching Requirements

All coaches are required to complete the following forms:

- 1. Coach Application**
annual requirement
- 2. Background Check Form**
annual requirement
- 3. Concussion Training Completion Certification**
current within three years
- 4. Coaches Code of Ethics**
annual requirement

Forms are available at AndersonParks.com and are due at the Coaches Meeting.

Return Forms

Drop off or mail:

ATPD ~ Beech Acres Park RecPlex
6915 Beechmont Avenue
Cincinnati, OH 45230

Scan and email:

ATPDReg@AndersonParks.com

Fax: (513) 231-4190

Questions? Call (513) 388-4514