

CITY OF RINCON RECREATION DEPARTMENT

NAME _____ AGE GROUP _____
PHONE # _____ PLEASE CHECK ONE:
ADDRESS _____ HEAD _____ ASSISTANT _____
CITY _____ ASSIST TEAM _____

PRESENT CERTIFICATION: (CHECK ALL THAT APPLY)

NYSCA ___ BASKETBALL ___ BASEBALL ___ SOFTBALL ___ SOCCER ___
DOYLE ___ BASEBALL ___ SOFTBALL ___
OTHER CERTIFICATION _____ SPORTS _____

LIST PAST COACHING EXPERIENCE:

SPORT _____ WHERE _____
SPORT _____ WHERE _____

PLEASE READ AND SIGN THE FOLLOWING:

City of Rincon Recreation Department will have a zero tolerance policy for coaches having negative behavior toward player, officials, umpires, staff, and director. We will not allow coaches to verbally abuse our children. We want our children to be treated like people. We know children need to be corrected, but there is a correct way to do this without verbally abusing them. There will also be no unsportsmanlike conduct between coaches and/or players. Coaches will control their parents. Coaches should remember that parents and fans will act like their coaches, so please set a good example for them. If you can abide by this set of guidelines, The City of Rincon Recreation Department welcomes your coach's application. Sign and date below:

Signature Date

PLEASE READ AND SIGN THE FOLLOWING:

The City of Rincon Recreation Department will require all coach's children (head and assistant) to attend evaluations. If you can abide by this guideline, The City of Rincon Recreation Department welcomes your coach's application. Sign and date below:

Signature Date

I _____ agree to abide by all rules and regulations of The City of Rincon Recreation Department including prompt return of any equipment that was issued to me. I also agree that either the head or assistant coach will be NYSCA certified before the beginning of the season.