

SPORT COACH VOLUNTEER APPLICATION

The City of Olivette considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital, civil union, or veteran status, sexual orientation, the presence of a non-job related medical condition or disability, or any other legally protected status. The City of Olivette maintains a "zero tolerance" for child abuse and/or substance abuse. Criminal background check, fingerprinting, and other federal or state screenings for child abuse will be conducted.

Bold areas are required fields				Date:			
FIRST NAME:				LAST NAME:			
HOME PHONE:				_ CELL:			
BIRTHDAY (if over	18 mo/day only)		EMAIL	:			
ADDRESS:			CITY			ZIP:	
PROGRAM OF INTEREST						I OF INTE ASSI	
TEAM GRADE Partner with anothe Is your child playing COACH AVAI For <u>HEAD</u> Coach of Please indicate the options. Practice T	er coach: g this season? _ LABILITY: only. days and times y	YES NO	Are you a mer	mber of Five e with team.	Oaks on W Practices a	ärson? 🔲 Y	
•	TUES		THURS	FRI	7		
From:							
To: Please indicate the	location you are	available to pra		ary schools	are only us	ed for Soccer	/Basketball.
O Stacy Park) Warson Park	Old Bonhomi	me 🔿 Reed 🔿	Conway C	Spoede		
COACH PREF For <u>HEAD</u> Coach o		icate your prefei	rences below.				
Team Color #1	Team C	Color #2	Head Coac	h T-Shirt Siz	ze As	st. Coach T-S	Shirt
BLACK OUT	DATES						

For <u>HEAD</u> Coach only. Please provide a list of blackout dates when you are unavailable to practice or participate in games, such as for religious reasons, vacations, etc. If you do not specify any dates, it will be assumed that you are available to practice or play.

SPORT COACH VOLUNTEER APPLICATION COACHES CODE OF CONDUCT

The City of Olivette's coach will...

- 1. Treat each player as an individual, keeping in mind the wide range of physical and emotional development within the same age group.
- 2. Place the emotional and physical well being of my players ahead of any personal or parental desires to win.
- 3. Lead by example, demonstrating fair play and sportsmanship in my on-and off-field activities.

The Coach will abide by The City of Olivette's Code of Conduct

- I will not subject any child to neglect or to mental, verbal, physical, or sexual abuse.
- I will not leave any child unsupervised.
- I will not be alone with any child where we cannot be observed by others.
- I will not transport any children in my vehicle.
- I will not give any child gifts or special favors.
- I will treat all children equally without respect to gender, race, religion, culture, or ability.
- LI will be a positive role model by maintaining an attitude of respect, patience, courtesy, tact, and maturity.
- I will refrain from profanity, inappropriate jokes, and sharing of intimate details of my personnel life.
- I will use coaching techniques that are appropriate for all the ages and skill levels present.
- I will seek and encourage positive parental participation at practices, games, and any other activities.
- I will respectfully control the behavior of players and parents by encouraging an atmosphere that is appropriate for the development of good sportsmanship.
- I will pick up all required equipment (jerseys, balls, coaches shirts, etc) in a timely manner.
- I will follow all rules set forth by the Recreation Coordinator and Supervisor within the City of Olivette.

Coaches Name: _____

League/Division: _____

Coaches Signature: _____

Date: _____

The City of Olivette welcomes volunteer sport coaches. Volunteers play a vital role in many City programs and services.

AGREEMENT TO SERVE

As consideration for participation in the City of Olivette Sports Program, and on behalf of myself and any dependent minor, I hereby release, hold harmless, and agree to indemnify the City of Olivette, its employees, volunteers, contractors, and officers, from and for all damages and liability resulting from any fault or negligence of the City of Olivette, its employees, contractors, volunteers, and officers in conducting sport camps.

I agree to allow use of my/our photograph for program publicity.

I agree that the forgoing Release of Liability applies to persons or entities rendering emergency medical treatment. I hereby consent that my child may receive emergency medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

This release of Liability and Consent for Medical treatment shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I acknowledge that participating in the City's Activities, comes with inherent risks, known and unknown, and including without limitation: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including the exposure to and infection with viruses or bacteria. The City cannot guarantee that you or your child(ren) will not become infected with COVID-19 while participating in the City Activities.

I further understand that the terms of this document are legally binding, I represent and warrant that I am authorized to execute this document, and I am signing this document, after having carefully read it, of my own free will and on behalf of the Minor(s).

I, the undersigned, acknowledge that I have read the foregoing, and am fully aware of the legal consequences of signing this document.

Volunteer Applicant Name (please print)

Signature of Volunteer Applicant

Date Signed