

2024-2025 Fall Youth Basketball League

Coaches Application

Name: _____

Street Address, City, Zip: _____

Cell Phone: _____

Email (VERY IMPORTANT): _____

T-Shirt Size: **S M L XL XXL XXXL** Gender: **MALE FEMALE**

Please fill out the following:

Are you a returning coach? **YES NO**

FOR THIS YEAR, I want to be a: **HEAD COACH** or **ASSISTANT COACH**

I want to coach the following gender: **BOYS GIRLS** Age Group: **5/6 (coed) 7u 8u 9u 10u 11u 12-14U**

My preferred practice location

This is not a guarantee

My preferred practice day of the week: _____

Is your child playing in the Youth Basketball League? **YES NO** Do you want to coach his/her her team? **YES NO**

Your Child's Information:

Child's Name: _____ Age: _____ School: _____

****MANDATORY FOR ALL COACHES****

Please Make Plans to Attend the Following Mandatory Coaches Meeting and Coaches Clinic:

Tuesday, October 22nd from 6-7PM or Thursday, October 24th from 6-7PM via Zoom Meeting Virtual, Coaches Clinic w/ Coach Charlie Miller October 26 8:00 – 9:00am

All Coaches must attend one session of the coaches meeting

I, _____, as an inducement to the City of Carrollton to allow me to participate in its recreation and leisure program(s), and for and in consideration of the privilege of being allowed to participate in the said program, and recognizing that recreational activity involves certain inherent dangers including but not limited to the possibility of physical danger, harm, accidents, and injuries, do hereby agree to and assume any and all risks arising from any incident, action, occurrence, or activity occurring on public, private, or other property, which affects the said minor or us in any manner whatsoever, and do hereby release and agree to hold harmless and to indemnify the City of Carrollton, its officials, Department of Parks and Recreation, officers, agents, and employees, in both their official and individual capacities, from any and all liability, claims (including claims for attorneys' fees and costs of court), suits, demands, or causes of action which may arise, or may be alleged to have arisen, from my participation in the multiple programs, including liability, claims, suits, demands, or causes of action which arise, or which allegedly arose, from the sole negligence or acts or omissions of the City of Carrollton, its officers, agents, employees, or officials. I voluntarily choose to participate in this program for personal and recreational reasons without promise, expectation, or receipt of monetary compensation. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name both single and in conjunction with other persons or objects for any and all purposes including but not limited to private or public presentations, advertising, publicity and promotion relating thereto I warrant that I have

the right to authorize the foregoing uses and do hereby agree to hold the City of Carrollton Parks and Recreation Department harmless of and from any and all liability of whatever nature which may arise out of result from such uses.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Carrollton, its officers, agents, officials, and employees, of the defense of

governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, Chapter 72 of the Texas civil Practice and Remedies Code, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this waiver voluntarily, and that I have not relied upon any representations

made by the City of Carrollton, or its officers, agents, officials, or employees in signing this release. I further certify that I am an adult, am in sound mental health, and fully capable of making this waiver of liability.

I further understand that I will, at a later date, complete and sign a consent for criminal background check in order to be considered. If the consent for criminal background check

is not submitted, I understand that I will not be allowed to coach in this league.

SIGNED, this the _____ day of _____ Signature _____