2024 Spring Youth Volleyball 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 will be the: HEAD COACH or ASSISTANT COACH	
Age Group: 7/8 9/10 11/12 13/14	
My preferred practice location:	My preferred practice day of the week:
*This is not a guarantee	
Is your child playing in the Youth Volleyball League? YES	5 NO
Your Child's Information: Child's Name:	_ Age: School:
**MANDATORY FOR Please Make Plans to Attend one of the Fo Tuesday, February 6 th from 6-8PM at Crosby Rec 6-8PM virtual All Coaches must attend one ses	llowing Mandatory Coaches Meetings: creation Center or Thursday, February 8 th from l via Zoom ssion of the coaches meeting
and for and in consideration of the privilege of being allowed to participate in the said dangers including but not limited to the possibility of physical danger, harm, accidents incident, action, occurrence, or activity occurring on public, private, or other property. release and agree to hold harmless and to indemnify the City of Carrollton, its official their official and individual capacities, from any and all liability, claims (including cla which may arise, or may be alleged to have arisen, from my participation in the multip which arise, or which allegedly arose, from the sole negligence or acts or omissions of I voluntarily choose to participate in this program for personal and recrea compensation. I do hereby grant and give these groups the right to use my or my child in conjunction with other persons or objects for any and all purposes including but no relating thereto I warrant that I have the right to authorize the foregoing uses and do harmless of and from any and all liability of this release shall not constitute a the defense of governmental immunity, where applicable, or to defenses predicated or Remedies Code, or any other defense, claim, cause of action or assertion of any kind o I certify that I have read the foregoing instrument, that I understand its te upon any representations made by the City of Carrollton. or its officers, agents, official sound mental health, and fully capable of making this waiver of liability.	s, and injuries, do hereby agree to and assume any and all risks arising from any , which affects the said minor or us in any manner whatsoever, and do hereby s, Department of Parks and Recreation, officers, agents, and employees, in both aims for attorneys' fees and costs of court), suits, demands, or causes of action ple programs, including liability, claims, suits, demands, or causes of action f the City of Carrollton, its officers, agents, employees, or officials. ational reasons without promise, expectation, or receipt of monetary l's photograph or image with or without my or my child's name both single and t limited to private or public presentations, advertising, publicity and promotion the City of Carrollton, its officers, agents, officials, and employees, of the Texas Automobile Guest Statute, Chapter 72 of the Texas civil Practice and or nature, recognized by any court of law, administrative agency, or other entity. rrms and conditions, that I make this waiver voluntarily, and that I have not relied als, or employees in signing this release. I further certify that I am an adult, am in nt for criminal background check in order to be considered. If the consent for