



DECATUR PARKS & RECREATION

YOUTH LEAGUE MANAGER/COACHES
(Please print all information)

NAME: _____

ADDRESS: _____ ZIP CODE _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

EMAIL ADDRESS: _____ Date of Birth _____

Do you have a child participating in the program? Yes ___ No ___

TRAINING IN SPORT:

As player (No. of years) College _____ High School _____ Recreation _____

As coach: NYSCA Certified? ___ Yes ___ No

List all experience (including other sports)

Have you ever been arrested for any reason other than traffic violations? Yes ___ No ___
If yes, please explain on reverse side of this form.

Please list three personal references:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The applicant agrees to hold the City, its agents, employees, officers, and governing body harmless from any damages, liabilities, or claims arising out of any disclosures of any information arising from investigations or from any part of this application relating to the applicant and other named persons.

Signature

Date Signed