Sharron Baucom – Dale City Recreation Center
VOLUNTEER/COACH REGISTRATION FORM

To be considered for a coaching spot, all items marked * must be completely and legibly filled without exception.

*Requested League: (circle) T-Ball or Coach Pitch	*Preferred Team:

Coach Information: Coach T-Shirt Size: (not guarenteed) S M L XL 2XL 3XL

*Last name:		*First name:
*Home Phone:		Alternate Phone:
*Address:		
*City:	*State:	*Zip:
*☐ I will provide a working email address for distribution of coach packet or ☐ I will pick up hard copy of coach packet at front desk on designated date. (check one) Email Address:		
Do you have a coach's certification? ☐ yes ☐no		If yes, from which organization:
*Have you ever been convicted, adjudged liabel, or subject to any court order in the abuse of a child or have had any history with other organizations of complaints of sexual, physical, or verbal abuse of children? If yes, explain on back of form. ☐ yes ☐no		

Child participating in league:_____
I understand that:

- I am committing to coach a full season.
- I will call assigned team roster by the designated time.
- I will be disqualified to volunteer coach for SBDCRC leagues if I have been convicted, adjudged liabel, or subject to any court order in the abuse of a child or have had any history with other organizations of complaints of sexual, physical, or verbal abuse of children.
- This disclosure will be updated with every new season, for every new league.
- I agree to provide SBDCRC my social security number, driver's license number, and DOB upon request for a background check.
- I agree to read and understand SBDCRC's Coaches' Code of Conduct form, Coaches' Responsibility Form, and the Rules and Regulations of Lil' Hitters League.

*

Signature: Printed Name: Date:

Sharron Baucom
DALE CITY RECREATION CENTER*……Where Everybody Fits In!"*
703.670.7112 www.pwcparks.org/dcrc