



# DIXON YOUTH BASKETBALL LEAGUE VOLUNTEER COACHING APPLICATION



**ALL COACHING FORMS ARE DUE, Friday, NOVEMBER 2<sup>nd</sup>**

All volunteer coaches & assistants will be fingerprinted. Volunteer coach applications are contingent upon successful completion of a background check.

## VOLUNTEER HEAD COACH

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COACH'S SHIRT SIZE: \_\_\_\_\_

Prior Coaching Experience: \_\_\_\_\_ years

DIVISION:  Coed  Pre K-Kindergarten (Age 4+)  
 GIRLS  Division I (1st & 2<sup>nd</sup> grade)  
 BOYS

## VOLUNTEER ASSISTANT COACH

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ASSISTANT'S SHIRT SIZE: \_\_\_\_\_

Prior Coaching Experience: \_\_\_\_\_ years

Division II (3<sup>rd</sup> & 4<sup>th</sup> grade)  
 Division III (5<sup>th</sup> & 6<sup>th</sup> grade)

EACH TEAM CAN DESIGNATE PLAYERS BEFORE TEAMS ARE MADE. **DIVISIONS Co-ed, 1 & 2:** Each team can designate up to **TWO** participants prior to the lottery. **DIVISION 3:** Each team can designate up to **TWO** participants prior to the draft. IF A PARTICIPANT IS DESIGNATED AND IS **NOT** THE COACH'S CHILD, HIS/HER PARENT MUST SIGN GIVING PERMISSION. **DO NOT ASSUME YOUR CHILD WILL AUTOMATICALLY BE PUT ON YOUR TEAM IF YOU DO NOT DESIGNATE THEM.**

1a) PLAYER'S NAME: \_\_\_\_\_ 2a) PLAYER'S NAME: \_\_\_\_\_

1b) GRADE: \_\_\_\_\_ 2b) GRADE: \_\_\_\_\_

**Parent Permission:** I/We give permission for my child to be designated to the above listed team for the 2018/19 basketball season.

1c) SIGNATURE: \_\_\_\_\_ 2c) SIGNATURE: \_\_\_\_\_

## PRACTICE DAYS AND TIMES:

Please select your available practice days and times. **If there is a day or time you absolutely can not coach practice, please leave it blank.**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<input type="checkbox"/> 3:30-4:30pm	<input type="checkbox"/> 3:30-4:30pm	<input type="checkbox"/> 3:30-4:30pm	<input type="checkbox"/> 3:30-4:30pm	<input type="checkbox"/> 3:30-4:30pm
<input type="checkbox"/> 4:30-5:30pm	<input type="checkbox"/> 4:30-5:30pm	<input type="checkbox"/> 4:30-5:30pm	<input type="checkbox"/> 4:30-5:30pm	<input type="checkbox"/> 4:30-5:30pm
<input type="checkbox"/> 5:30-6:30pm	<input type="checkbox"/> 5:30-6:30pm	<input type="checkbox"/> 5:30-6:30pm	<input type="checkbox"/> 5:30-6:30pm	<input type="checkbox"/> 5:30-6:30pm
<input type="checkbox"/> 6:30-7:30pm	<input type="checkbox"/> 6:30-7:30pm	<input type="checkbox"/> 6:30-7:30pm	<input type="checkbox"/> 6:30-7:30pm	<input type="checkbox"/> 6:30-7:30pm
<input type="checkbox"/> 7:30-8:30pm	<input type="checkbox"/> 7:30-8:30pm	<input type="checkbox"/> 7:30-8:30pm	<input type="checkbox"/> 7:30-8:30pm	<input type="checkbox"/> 7:30-8:30pm

How many practices per week would you like? \_\_\_\_\_ Your ideal practice schedule? \_\_\_\_\_

**←←← One per team. Both sides of this form MUST be completed →→→**

Coaching applications need to be turned in to City Hall, 600 East A Street, Dixon, CA 95620.

For more information call 678-7441.

## DIXON YOUTH BASKETBALL

### VOLUNTEER COACH HOLD HARMLESS AGREEMENT

As a volunteer coach/assistant, I agree to follow the rules and guidelines set up by the City of Dixon. I agree to be at all practices and games or have my volunteer assistant coach substitute in my absence. I understand I must attend the mandatory volunteer coaches meeting, where I will review all rules and regulations. The City Volunteer Handbook will provide guidance for issues within this document.

VOLUNTEER COACH

EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

VOLUNTEER ASSISTANT COACH

EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**HOLD HARMLESS AGREEMENT:** In consideration of my acceptance of this registration, I hereby assume the risk of, and responsibility for, any such injury, death, or damage which I, and/or my child, may sustain arising out of or in any way connected with the above described recreation activity, including injury, death or damage resulting from any acts or omissions, whether negligent or not, by or on behalf of the City, its officials, officers, employees, agents, volunteers and contractors.

**RELEASE:** I hereby release, waive and discharge the City, its officials, officers, employees, agents, volunteers and contractors from any and all liability, claims or causes of action arising out of or in any way connected with the activity described in this release, or upon their acts or omissions, whether negligent or not ("Waiver"). I agree to this Waiver on behalf of myself, my and/or my child's heirs, executors, administrators and assigns.

I understand and have been advised that I may have rights under Section 1542 of the California Civil Code, which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

I expressly waive any rights conferred on me and/or my child under California Civil Code Section 1542, as well as any similar law of any state or territory of the United States. On behalf of myself and and/or my child, I release the City, its officials, officers, employees, agents, volunteers and contractors and waive all actions, claims and demands that I and/or my or my child's heirs, executors, administrators and assigns may have or may hereafter have for any personal injury (including death) or property damage that I and/or my child may incur while participating in the above activity, including damage incurred as a result of the negligence of City, its officials, officers, employees, agents, volunteers and contractors. Volunteer Coaches are not permitted to transport any participant in any vehicle during the 2018-2019 Basketball Season for any reason. This includes, but is not limited to, rides to and from practices and games. The City of Dixon will not be liable in any way if this rule is broken.

**INDEMNIFICATION:** I hereby agree, on behalf of myself, my and/or my child's heirs, executors, administrators and assigns to defend, indemnify and hold harmless the City, its officials, officers, employees, agents, volunteers and contractors from any and all claims for compensation, personal injury, property damage or wrongful death caused by my and/or my child's negligence or willful misconduct.

**KNOWING AND VOLUNTARY EXECUTION:** I have carefully read this Release of Liability and fully understand its contents. I understand that I am giving up valuable legal rights on behalf of myself and/or my child. I knowingly and voluntarily give up these rights of my own free will. I am allowing the above described activity to take place at my own risk. I certify that I have read and understand this release for and that I have placed my signature below in recognition of that understanding.

**PHOTO AND VIDEO WAIVER:** I understand that City personnel may photograph or videotape me or my minor child and that the City may use my name (or any fictional name), picture, portrait, photograph, video or likeness in all forms, all media and in all manners to promote City programs and activities. I hereby waive any objection to the City photographing or videotaping me or my minor child when participating in said Recreation Program. I understand that neither I, nor my minor child, shall receive any compensation or payment for use of such photographs, videotapes, or images and that all media forms will remain the sole and exclusive property of the City of Dixon.

**INSURANCE:** Any registration fee does NOT provide insurance.

I agree and understand the above.

**VOLUNTEER COACH SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

If under the age of 18, please include your parent or guardian's signature.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

**VOLUNTEER ASSIST. SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

If under the age of 18, please include your parent or guardian's signature.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)