

**BUTTS COUNTY DEPARTMENT of LEISURE SERVICES
Youth Sports Volunteer Coach Commitment Form**

Please list your
Shirt Size: _____

Personal Information

Name: _____ Date of Birth: _____

Address/City/Zip Code: _____

E-Mail: _____ Phone #1: _____ Phone #2: _____

Please check the youth sport(s) you would like to have the opportunity to coach in the current year.

Baseball: Age Group _____ Child Participating: Yes or No Child's Name _____
Coach Position Desired: Head or Assistant If Asst., list Head Coach's Name _____

Softball: Age Group _____ Child Participating: Yes or No Child's Name _____
Coach Position Desired: Head or Assistant If Asst., list Head Coach's Name _____

Football: Age Group _____ Child Participating: Yes or No Child's Name _____
Coach Position Desired: Head or Assistant If Asst., list Head Coach's Name _____

Soccer: Age Group _____ Child Participating: Yes or No Child's Name _____
Coach Position Desired: Head or Assistant If Asst., list Head Coach's Name _____

Cheer: Age Group _____ Child Participating: Yes or No Child's Name _____
Coach Position Desired: Head or Assistant If Asst., list Head Coach's Name _____

Basketball: Age Group _____ Child Participating: Yes or No Child's Name _____
Coach Position Desired: Head or Assistant If Asst., list Head Coach's Name _____

If selected to coach, would you follow the goals, objectives and philosophy set by the Butts County Department of Leisure Services? Yes _____ No _____

I understand that if I am selected to coach, I will be governed by the rules and policies set forth by the by the Butts County Department of Leisure Services; this includes consenting to a background check.

Signature

Date

OFFICE USE ONLY:

Volunteer Coach Assignment for the Youth Sports Year of: _____	Total Hours for Year: _____
Baseball: Age Group _____ Head or Assistant (for _____)	Team Name: _____ Hrs _____
Softball: Age Group _____ Head or Assistant (for _____)	Team Name: _____ Hrs _____
Football: Age Group _____ Head or Assistant (for _____)	Team Name: _____ Hrs _____
Soccer: Age Group _____ Head or Assistant (for _____)	Team Name: _____ Hrs _____
Cheer: Age Group _____ Head or Assistant (for _____)	Team Name: _____ Hrs _____
Basketball: Age Group _____ Head or Assistant (for _____)	Team Name: _____ Hrs _____

**Butts County Department of Leisure Services
Volunteer Agreement
Release and Waiver of Liability**

In consideration of being permitted to participate as a volunteer in Butts County Department of Leisure Services programs, related events and activities, on behalf or myself, or a minor child or ward, heir, next of kin personal representative, successor or assign;

1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- a) To the best of my knowledge, I am in good physical condition and have no disease or injury that would be aggravated by participating in activities related to being a volunteer for the Butts County Department of Leisure Services.
- b) Participating or assisting others in participating in Butts County Department of Leisure Services programs, related events and activities may involve risk of injury to me, including death, loss or damage to me or my property, or other consequences, which might result not only from my own actions, inactions or negligence but also actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;
- c) There may be other risks not known or not reasonably foreseeable; and understanding all of the above.

2) I assume all of the above risk and release, waive, discharge, hold harmless, indemnify and covenant not to sue:

- a) **The Butts County Department of Leisure Services, it's employees or volunteers, coaches, trainers, officials affiliated with Butts County Department of Leisure Services programs, related events and activities;**
- b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;
- c) Owners, lessors and lessees of premises used to conduct Butts County Department of Leisure Services programs, related events and activities from any and all liability for injury, including death, loss of damage to person or property, or any consequence in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel in route to and from Butts County Department of Leisure Services programs, related events and activities.

3) I agree that:

- a) Prior to participating as a volunteer, I, or in case of a minor, a parent or guardian, will inspect the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately report such condition(s) to the athletic coach, supervisor or official connected with Butts County Department of Leisure Services programs, related events and activities.
- b) I will allow my photograph, picture of likeness and/or voice to appear in any official documentary, promotional (including any & all advertisements), television, radio, or film coverage of the Butts County Department of Leisure Services without compensation.

4) I consent to:

All emergency medical treatment as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Butts County Department of Leisure Services.

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Printed Name

Signature

Date

BUTTS COUNTY DEPARTMENT OF LEISURE SERVICES

**VOLUNTEER
BACKGROUND CHECK CONSENT/
RELEASE FORM**

Name (First Name, Middle Initial, Last Name): _____ Sex _____

Social Security No.: _____ Date of Birth: _____

E-mail: _____ Phone No.: _____

Address: _____

City, State, Zip: _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal Background Records/Information
- Driver's License Check
- Personal References
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Type or Print Name: _____

Signature: _____

Date: _____

Sport: _____

ADMIN USE ONLY
Received by L.S. Staff Member: _____