

RECREATION & PARKS



155 Haynsworth St.
Sumter, SC 29150
(803) 436-2248
FAX: (803) 436-2400

recreation@sumtercountysc.gov

COACHES APPLICATION – 2024 YOUTH BASKETBALL

Application must be filled out completely & PRINTED IN BLACK OR BLUE INK OR TYPED

NAME _____			
LAST	FIRST	MIDDLE	
ADDRESS _____			
STREET	CITY	STATE	ZIP
TELEPHONE NUMBER (____) _____ (____) _____ (____) _____			
	PRIMARY #	SECONDARY #	FAX #
E-MAIL ADDRESS _____			
SOCIAL SECURITY # ____ / ____ / ____		DATE OF BIRTH ____ / ____ / ____	
DRIVER'S LICENSE (STATE ISSUED) _____		(NUMBER) _____	

LIST ANY PREVIOUS YOUTH SPORTS YOU HAVE ASSISTED OR COACHED:

SPORT	POSITION	WHEN

COACHING DESIRED: *CIRCLE ONE*

HEAD COACH

ASSISTANT HEAD COACH

AGE GROUP:

CIRCLE ONE

6U

8U

10U

12U

14U

TEAM OR COACHES NAME ASSOCIATED WITH _____

NOTICE: Please read this carefully and sign below to indicate you have read, fully understand this notice and its contents, and agree to its terms.

It is understood and agreed that any misrepresentation or omission of information by me in this application will be sufficient for cancellation and/or separation from the league. Furthermore, I understand that just as I am free to resign at any time, the league reserves the right to cancel my coaching privileges at any time with or without prior notice.

I give the right to my employer, persons, references, organizations, and previous employers to provide any information pertinent to my being selected.

I also understand, agree to and hereby authorize a background investigation which includes a criminal record check.

SIGNATURE _____

DATE _____