



YOUTH SPORTS LEAGUES Coach Application



Name _____

Email _____

Address _____

City, State, Zip _____

Phone: Home _____ Cell _____ T-shirt size: _____

Are you an Anderson Township resident? (circle) Yes No

Please indicate which sport and grade/age you are interested in coaching (circle):

Basketball - GIRLS: 1st / 2nd / 3rd / 4th / 5th / 6th

Basketball - BOYS: 1st / 2nd / 3rd / 4th / 5th / 6th / 10U / 12U

Volleyball - GIRLS: 2nd / 3rd / 4th / 5th / 6th

Have you coached in an Anderson Park District league before? Yes No

If yes, when? _____

Is there someone with whom you would like to coach? Yes No

If yes, please list coach's name _____

Please list your playing or coaching experience: _____

Coaching Requirements

All coaches are required to complete the following forms:

1. **Coach Application**
annual requirement
2. **Background Check**
annual requirement
3. **Concussion Training Completion Certification**
current within three years
4. **Lindsay's Law Training Completion**
annual requirement
5. **Coaches Code of Ethics**
annual requirement

Forms are available at AndersonParks.com and are due at the Coaches Meeting.

Return Forms

Drop off or mail:

APD ~ Anderson Parks RecPlex
6915 Beechmont Avenue
Cincinnati, OH 45230

Scan and email:

APDReg@AndersonParks.com

Secure fax: (513) 231-4190

Questions? Call (513) 388-4514

I agree to abide by the Anderson Township Park District dba Anderson Park District's ("APD") coaching requirements. I understand that failure to complete or maintain any of the coaching requirements may result in disqualification to coach in APD sports leagues. I knowingly assume all responsibility of coaching in APD sports leagues and hereby release the entities of the facilities used including, but not limited to: APD, Forest Hills Local School District, Anderson Township, Anderson Foundation for Parks and Recreation, Parkside Christian Church and their respective Boards, employees, agents, assignees, sponsors, volunteers, and instructors from all responsibility in the event of accident or injury. I hereby acknowledge the APD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet" and "Lindsay's Law- Sudden Cardiac Arrest information", via www.andersonparks.com and at the Anderson Parks RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230. In consideration of my participation in this APD league, I agree that my likeness may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the APD. Furthermore, I authorize the APD to use my e-mail address to send me APD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information regarding coaching in the APD leagues.

Signature _____ Date _____