Town of Lillington

Parks and Recreation Department 607 S. 13th Street "P.O. Box 296" Lillington, NC 27546 **Phone** (910) 893-2864 "**Fax** (910) 893-2607



YOUTH ATHLETICS COACHING APPLICATION

Please TYPE or PRINT legibly in blue or black ink.

Personal Info	rmation						
Full Name (Firs	t, Middle, Last)	:					
☐ Male ☐ F	Female Date	of Birth:	//				
Driver License #	#:		State:	E	Exp. Date:/	/	
Contact Infor							
Complete Addre Primary Phone:	ess:)		City:Home [□ Cell □ Work	Zip:	
					Home □ Cell □	Work □	
						-	
Area of Intere	est (Indicate all the	nat apply):					
Age Division:	☐ Ages 3-4	☐ Ages 4-6	☐ Ages 7-8	☐ Ages 9-10	☐ Ages 11-12	☐ Ages 13-15	
Program:	☐ Baseball	☐ Softball	☐ Soccer	☐ Football	☐ Basketball	☐ Cheerleading	
Please answer	the following	; :					
 Have you been convicted of a Felony Criminal offense? (Check One) Have you previously coached youth athletics? (Check one) How many years have you coached in our program? 							
4. What sports do you have experience in coaching?							
•	athlete, coach, o t to teach funda		-		espect, and dignity. d sportsmanship.		
I agree to exhibit good sportsmanship throughout the sporting season. I will maintain an open line of communication between myself, my athletes, their parents/guardians and program staff.							
			•	•	gative behavior and unination of my coachi	1 0	
With my signature I ings.	acknowledge that	I have read, unders	stand and will uphold	the code of conduct	and attend any and all mo	ındatory coaches meet-	
Signature:	Date:						
E-mail completed form to: Jeff Bock at jbock@lillingtonnc.org							