

# COACHES APPLICATION

## Tift County Recreation Department (and/or Affiliate Youth Sport Association)

Date of Application: \_\_\_\_\_ Sport: \_\_\_\_\_

Age Preferred: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ Children in league? \_\_\_\_\_ Child's Name: \_\_\_\_\_

Applying for: Head Coach: \_\_\_\_\_ Assistant: \_\_\_\_\_

- Only one coach per team allowed in Team Selections
- No use of electronic devices during team selection process.
- Assistant Coaches requests are not guaranteed for specific teams/ head coaches. Once approved you are eligible to assist the team your child was selected for. If no child is involved, you are approved to assist within the specific league pending head coach agreement

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Beeper) \_\_\_\_\_

Email (please print) \_\_\_\_\_ Spouse Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Last four of SS # - (used to verify Background Check Form) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

(If information provided is incorrect or not completed your application is unable to be processed, if false information is provided, applicant will be suspended from program once discovered. Further penalty determined by AAC.) *Without this information, we will be unable to identify you properly in the event we find adverse information during the course of our background check investigation.*

Employed by: \_\_\_\_\_ Years of employment: \_\_\_\_\_

Coaching Experience: \_\_\_\_\_

Have you ever coached with TCRD before? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

What is your philosophy of youth sports? \_\_\_\_\_

*Please use area below to answer the following questions: Why do you want to coach? What would make you a good coach?*

\_\_\_\_\_

Have you ever attended/completed any coaching training? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that if I am selected to coach, I will be governed by the rules and policies of the Tift County Recreation Department, the Athletic Advisory Committee, and/or the Youth Sports Association (YSA) for the sport involved. This includes at least one coach per team (Head Coach) becoming certified prior to the first game of the season, and successfully completing the Consent to Conduct Background Check Form. Failure to complete/pass the Background Check, complete Certification Process and comply with the "Georgia Return to Play Act of 2013" and the TCRD Rules and Policies will result in Loss of Coaching Privileges. I understand that I am a Mandated Reporter for Child Abuse and Child Molestation. I acknowledge that the Tift County Recreation Department and/or YSA may choose to deny me unsupervised access to a child or children pending the completion of the background check. I further agree to hold the Tift County Recreation Department and/or Tift County harmless regarding any liability for defamation, invasion of privacy or any other claim based upon good faith action taken pursuant to the provisions of this consent.

**If information requested on Background Check or Coaches Application is incorrect or not completed your application will not be processed. More importantly, if false information is provided, applicant will be suspended from program once discovered. Further penalty/ies may be determined by AAC.**

Criteria for Exclusion – Definitions are taken from NRPA recommended Guidelines for Credentialing Volunteers.

A person should be disqualified and prohibited from serving as a volunteer if the person has been found guilty of the following crimes:

Guilty means that a person was found guilty following a trial, entered a guilty plea, entered a no contest plea accompanied by a court finding of guilty, regardless of whether there was an adjudication of guilt (conviction) or a withholding of guilt. This recommendation does not apply if criminal charges resulted in acquittal, Nolle Pros, or dismissal.

#### *SEX OFFENSES*

All Sex Offenses *including but not limited to: child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure, etc.*

#### *FELONIES*

All Felony Violence *–including but not limited to: murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated Burglary, etc.*

All Felony offenses other than violence or sex *include: drug offenses, theft, embezzlement, fraud, child endangerment, etc.*

#### *MISDEMEANORS*

All misdemeanor violence offenses *include but not limited to: simple assault, battery, domestic violence, hit & run, etc.*

All misdemeanor drug & alcohol offenses *include but not limited to: driving under the influence, simple drug possession, drunk and disorderly, public intoxication, possession of drug paraphernalia, etc.*

Any other misdemeanor that would be considered a potential danger to children or is directly related to the functions of that volunteer.

*Example include: contributing to the delinquency of a minor, providing alcohol to a minor, theft – if person is handling monies, etc.*

#### *PENDING CASES*

Anyone who has been charged for any of the disqualifying offenses or for cases pending in court *should not be permitted to volunteer until the official adjudication of the case.*

## TCRD Keep this Portion

**PLEASE READ, SIGN and INITIAL THE BOTTOM OF EACH PAGE: (SEE FRONT AND BACK OF FORM)**

**Waiver and Release/Indemnification:** I do hereby on behalf of myself/my minor child, my heirs, executors and assigns, agree to waive, release, indemnify and hold harmless Tift County, the Tift County Board of Commissioners, and Tift County Recreation Department(TCRD), and their respective Employees, Volunteers, Officials, Agents, Sponsors, Supervisors, Participants and Persons Transporting of myself/my minor child to and from activities, from any and all liability for any damage or injury which may occur or result, regardless of the cause, from my or my child's participation in the Program, including without limitation, for injury, death, damage, property damage, and/or other liability of any nature arising out of or relating to the Program. This release of liability shall apply to any claim, demand, suit or right of action that might accrue, including claims of negligence. I do hereby covenant that for myself/my minor child I waive the right to file a claim or bring suit with respect to any such injury or damage, and if someone on behalf of my minor child brings a claim I will defend the above entities against any such claim, this duty to defend including all attorneys' fees, expert fees, court costs, or any other reasonable and necessary expense to manage any claim, law suit, litigation, or action of any kind. I further agree not to seek contribution or indemnification from any of the parties listed above if I am sued by any party in connection with my participation in the Program. I hereby acknowledge that there are obvious risks of injury involved in participation in all sports activities and, specifically, the sports activity for which I/ my child have registered as set forth above. I agree on behalf of myself/my minor child to participate in the Program with full knowledge of the conditions contained herein.

**Images and Recordings:** On behalf of myself and/or my minor child, I hereby grant Tift County and TCRD the right and permission to use, produce, edit, exhibit, project, display, copyright and/or publish my and/or my minor child's image(s) or likeness developed during participation in the Program, and to circulate the same in all forms and media for any lawful purpose whatsoever. I waive the right to inspect or approve the image. I further release, discharge and agree to waive Tift County and TCRD from any liability for violation of any personal or proprietary right that I may have in conjunction with said image(s) and with the use thereof. I understand that I will receive no compensation in connection with the use of any image(s).

**Medical Condition:** I represent and warrant that I, or my minor child has no physical or mental infirmity or condition which will prevent participation or create additional risk through Participation. I agree that it is my responsibility to stop participation if there is any indication that it might be unsafe or detrimental to my child's wellbeing.

**Consent of Treatment:** I also hereby give permission to a representative of the TCRD and/or other Sponsoring Agency/Agent, Licensed Physician, and Emergency Medical Personnel to obtain medical treatment for myself or my minor child of which I am either parent/legal guardian in the event I am not available and medical treatment is required. By signing my or my child's name below as a participant, I acknowledge health or accident insurance which would cover myself/my minor child's medical, hospital, or related expenses in the event of an injury in this activity is my responsibility.

### **COVID-19/Protecting Participants Release and Indemnity:**

1. I agree that I and all other Participants and/or persons in my family involved in any way in the Program will fully comply with all federal, state, county and local ordinances, codes, rules, regulations, executive and/or emergency orders, and to strictly follow the protocols as directed by the Centers for Disease Control and Prevention (CDC), Georgia Department of Public Health ( GADPH) and TCRD, arising from, addressing, or related to COVID-19 and/or any other threats to public health.
2. I agree that the releases, waivers and indemnities set forth above apply equally to any and all claims, loss, cost, damage, and/or expense arising from or related to my or any Participant's, spectator's, or other person's failure to comply therewith or otherwise related to exposure during or in connection with the registered event.
3. I agree that effective physical distancing and proper hygiene can be only be accomplished through personal responsibility and it is each person's individual duty to protect themselves, their families and the community, and doing so is the sole responsibility of myself and my minor child, the other participants, and the other parties involved in the Program.

**Any person entering the premises waives all civil liability against this premises owner and operator for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the individual or entity of the premises.**

**"Warning Under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. You are assuming this risk by entering these premises."**

**TCRD Sportsmanship Policy- Code of Conduct:**

The Tift County Recreation Department (TCRD) and the Athletic Advisory Committee (AAC) believe that sportsmanship is a core value and its promotion and practices are essential. Participants/parents/officials/administrators and spectators have a duty to assure that their teams/ communities promote the development of good character. This code of conduct applies to all participants and spectators involved in athletics and TCRD sponsored activities.

1. Will advocate, model, and promote the development of good character to include:  
Trustworthiness, respect, responsibility, teamwork, fairness, caring, and citizenship while promoting emotional, physical, and moral well-being above desires and pressure to win.
2. Will respect peers, coaches, officials, opponents, and others associated with the event.
3. Will promote fair play and uphold the spirit of the rules in the activity.
4. Will model appropriate behavior at all time.
5. Will engage in a healthy lifestyle.

**By signing below, I acknowledge that I have read and understand the requirements of this code of conduct and acknowledge that I or my minor child may be disciplined or removed from a team/tournament/event and/or facility if I or a member of my immediate family violate any of its provisions.**

**Verification of Information Provided: I affirm all information or data on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this form may result in my and /or my child's exclusion from further consideration or participation in recreation programs and activities.**

**I have read and fully understand the provisions of the above releases and will be bound thereby. I also understand that I will read and agree to the Athletic Coach Policy given to me by program Staff**

**Upon request, documentation acceptable to TCRD staff confirming proof of residence will be required for participation.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Coaching is a privilege and not a right. Please help display proper Sportsmanship at all times.**

Sheriff  
Gene Scarbrough

OFFICE OF THE SHERIFF  
TIFT COUNTY, GEORGIA

P.O. Box 46  
Tifton, Georgia 31793  
(229) 388-6020  
Fax (229) 388-6200

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Tift County Recreation Department Agency/Company to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90 days from date of signature.

I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attorney for Individual (Pur E and U Only) \_\_\_\_\_ Bar Number \_\_\_\_\_ Date \_\_\_\_\_

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title \_\_\_\_\_

Agency Designee Signature and Title \_\_\_\_\_

**NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A  
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize **Tift County** by and through its Human Resources Department and/or Recreation Department to procure a consumer report and/or investigative consumer report including but not limited to a GCIC Background Check on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment and/or volunteer service with **Tift County**.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I understand that I have a right to; (1) obtain a copy of any background check report, and (2) challenge the accuracy and completeness of any information contained in any such report. I also understand that I may be required to submit a classifiable fingerprint card should an initial records check reveal that I have been convicted of, arrested for, or that I am currently charged with any of the enumerated offenses herein.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Tift County** including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

**Check enumerated offenses listed below if you or any member of your immediate family HAVE BEEN arrested for, convicted of, or currently charged with any of the following:**

- Simple or Aggravated battery where the victim is a minor.
- Cruelty to children, contributing to the delinquency of a minor.
- Any sexual offense
- Violation of any Controlled Substance Act or Alcohol Related Violations.
- Murder or Felony Murder.
- Criminal attempt to commit any above named offense.
- Any other crime that bears upon his/her fitness to have responsibility for safety and well being of children.

**If above information is incorrect or not completed your application will not be processed, if false information is provided, applicant will be suspended from program once discovered.** Further penalty determined by AAC.)I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Tift County**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFYING INFORMATION FOR BACKGROUND CHECK AND/OR CONSUMER REPORTING AGENCY**

(PLEASE PRINT OR TYPE)

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER\***    **DRIVER'S LICENSE NUMBER**    **STATE**    **DATE OF BIRTH\***    **GENDER\* (M or F)**

\_\_\_\_\_  
**TYPE OR PRINT NAME (last, first, middle initial)**    **OTHER NAMES USED (alias, maiden, nickname)**    **YEARS USED**  
**CURRENT ADDRESS**

\_\_\_\_\_  
**STREET/P.O. BOX**    **CITY**    **STATE**    **ZIP**    **COUNTY**    **DATES LIVING HERE**

**PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS (If you need additional space please use the back of this form)**

\_\_\_\_\_  
**STREET/P.O. BOX**    **CITY**    **STATE**    **ZIP**    **COUNTY**    **DATES LIVED HERE**

\_\_\_\_\_  
**STREET/P.O. BOX**    **CITY**    **STATE**    **ZIP**    **COUNTY**    **DATES LIVED HERE**

***\*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.***