



1000 Pro 3 Parkway St, Mary's Ga. 31558 B 912-510-7385 Rec 912-729-5600

Coaching Application Form

You need to fill out a coaches application, a Camden County background check form and attach a copy of your VALID driver's license (ID's NOT ACCEPTED). If you have an out of state driver's license you will have to also provide a copy of your military ID. You also need to make sure that you fill out the coach's code of ethics, and the consent form for a drug test. All coaches are approved by the athletic department **EACH** season. **The PSA athletic staff reserves the right to reject any coach's application.** All information is kept confidential. **Please fill in all information.** Thank you for your help in providing safe and fun community sports for our youth.

NAME: (please Print) _____

Home Phone: _____ Cell Phone: _____

Mailing Address _____

City _____

Employer: _____ May we contact you at work? **Yes or No** Work Phone: _____

Email Address: _____

Circle one: HEAD or ASSISTANT for boys or girls AND Age group desired: 4-5-6, 7-8, 9-10, 11-12, 13-14, 15-17

Sport: _____ **Who are you coaching with this year:** _____

Have you ever been certified in a coaches certification program? _____ If yes which one? _____

Have you ever been convicted of a felony? _____ **if yes, please explain the circumstances to the athletic staff. Please fill out the background check form completely and legibly with the local Sheriff office and turn it in with your coach's application. Fees may apply.**

I realize my position can be terminated by PSA if I violate the NYSCA Coaches Code of Ethics, PSA Zero Tolerance Policy and/or fail to abide by the rules and regulations set forth by CPSA. The information above and on my background check is true and complete. I understand that false or partial statements on this application or the background check are grounds for my automatic dismissal as a coach. You must submit to the background check and pass before working with a team as a coach or assistant. LIABILITY: I, the person listed above, assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless Camden County Board of Commissioners, City of Saint Mary's, City of Kingsland, City of Woodbine, CCPSA, Camden County PSA, local league organization, the organizers, sponsors, supervisors, and participants, for any claim arising out of injury to myself.

COVID-19/PROTECTING PARTICIPANTS RELEASE AND INDEMNITY:

1. I agree that I, and any other person attending or participating in the Program or related activities will be expected to 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 PSA, arising from, addressing, or related to COVID-19 and/or any other threats to public health.

2. 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, the other participants, and the other parties involved in the Program.

3. I agree that the assumptions, releases, waivers and indemnities set forth above apply to any and all claims losses, costs, damages, and/or expenses arising from or related to exposure to or infection with/contraction of any illness, including COVID-19, related to participation in the Program and related activities

MEDICAL: I also grant permission to the managing and/or coaching personnel or other league representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery deemed necessary by and adult licensed physician should I become ill or injured while participating in activities away from home, or at other times when I am not able to grant authorization for emergency treatment.

Signature of Applicant: _____ **Date** _____

COACHES' CODE OF ETHICS

I HEREBY PLEDGE TO LIVE UP TO MY CERTIFICATION AS A NYSCA COACH BY FOLLOWING THE NYSCA COACHES' CODE OF ETHICS.

I will place the emotional and physical well-being of my player ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice the basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstration fair play and sportsmanship to all my players.

I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I will use those coaching techniques appropriate for each of the skills that I teach.

I will remember that I am a youth sports coach, and that the game is for children and not for adults.

Coach Signature

Date

**PLEASE RETURN THE FOLLOWING FORMS OR ID'S TO THE
REC CENTER FOR APPLICATION TO BE COMPLETE.**

- COACH'S APPLICATION
- A COPY OF DRIVERS LICENSE
- BACKGROUND CHECK FORM FROM CAMDEN COUNTY
POLICE DEPARTMENT {WOODBINE SHERIFF OFFICE, ST.
MARYS PD, KINGSLAND PD OR SUBSTATION}.

○ *(IF YOU HAVE A CRIMINAL HISTORY CHECK OFF ON THE FORM, YOU MUST PAY
FOR THE COMPLETE BACKGROUND INFORMATION AND TURN IN ALONG WITH
YOUR COACH'S APPLICATION)*

COACH'S MEETING at 1000 Pro 3 Parkway St. Marys Ga.

- FOOTBALL COACHES MEETINGS (Athletic Bldg) AUG. 3RD 6:00PM
- CHEER COACHES MEETING (Athletic Bldg) AUG 4TH @ 6pm