



Crown Point PUPS Coach's Application

Name _____

Address _____

City _____

Cell Phone _____ E-Mail _____

Occupation _____ Employer _____

Work Phone _____ Supervisor _____

PUPs Division _____

Previous Coaching Experience:

I understand background checks may be completed on all applicants and by signing this application I authorize Crown Point PUPS to do so if required. I also understand by signing this application I will be responsible for any personal accident or personal injury that may result from my participation in PUPS Basketball, and that neither Crown Point PUPS Basketball, Inc. nor the Crown Point Community School Corporation shall be in any way liable for such accident or injury. I also agree to abide by the Crown Point PUPS Rules and will conduct myself in a Sportsmanlike manner at PUPS games which I may attend. In addition, I will ensure the Players on my PUPS Team will abide by the Crown Point PUPS Rules and demonstrate Sportsmanship while participating in PUPS games.

Sign _____ Date _____