

NVGSA COACH REGISTRATION FORM
2013

Name: (First, Middle Initial, Last) _____

Suffix, if applicable: _____

Maiden Name/Alias, if applicable: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work or Cell Phone: _____

Primary Email Address: _____

Secondary Email Address, if desired: _____

Children's Names and Age Groups:

(League Age Group Choices---8&U, 10&U, 12&U, 18&U)

Specify any combinations of Position/Age Group Desired:

(Coach Position Choices---Head Coach, Assistant Coach, Co-Coach)

States in which you have lived _____

To participate as a coach, assistant coach or volunteer who has direct contact with NVGSA softball players, NVGSA By-laws and Board Policy require that such volunteer consent to a criminal background check and agree to be bound by the code of conduct.

Have you ever been arrested or convicted as a:

Violent Crime _____ (Yes or No)

Sex Crime _____ (Yes or No)

Crime Involving Children _____ (Yes or No)

I consent to NVGSA conducting a criminal background check on me.

Signature: _____ Date: _____

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