Volunteer Coach Application

Head Coaches ONLY

Application Deadline: December 4, 2020

Little Baller's Basketball Program

Name_____ Home Phone_____ Work Phone_____

Address_____
Street City State Zip

E-mail_____

Do you have children registered in the activity you're applying for? Yes_____ No_____

If your answer is yes, please list your children: _____
_____
_____
_____

Have you previously coached a Gardner Parks and Recreation team? Yes_____ No_____

If your answer is yes, when was the last year you coached?_____

List the team and age group you last coached:_____

Have you ever received training through
The National Youth Sports Coaches Association (NYSCA)? Yes_____ No_____

Have you received any other type of coaches training within the last three years? Yes_____ No_____

If your answer is yes, please describe:

_____
_____
_____

Is there a specific team you are requesting to coach for?_____
Or, please select the age group you wish to coach for:

_____ K-Under

_____ 1st Grade

The primary concern and responsibility of the Parks and Recreation Department is the safety of the children. If you are selected as a head coach, you will be put through a background check from a company called **Protect Youth Sports**. The results of this check are sent to and will only be seen by the Human Resources Department. **No one** from Parks and Recreation will see the results. Gardner Parks and Recreation will follow the National Parks and Recreation Association's guidelines for credentialing volunteers. This document can be found on our website at www.gardnerkansas.gov. Failure to pass the background check will eliminate an individual from being a head coach for our Department. Questions? Call 913-856-0936.

"Office Use Only"

Received By: _____ Date Received:_____ Time Received:_____

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT
In consideration of being allowed to participate in the City of Gardner's athletic programs, events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CITY OF GARDNER, including the officers, officials, employees, agents or representatives of the City, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Gardner their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature:_____

Date signed: _____