



2019-2020
Murfreesboro Youth Basketball Program
Coaches Form and Background Checks
 UNDER STATE LAW, THIS DOCUMENT IS A PUBLIC RECORD

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Phone:(h) _____ (c) _____ (w) _____

Email Address: _____

Do you have a child(ren) playing Basketball? Yes ____ No ____

If yes, Name: _____ Age: _____

Please check all that apply:

I wish to be: ____ head coach ____ assistant coach ____ doesn't matter

Is there someone you wish to coach with? Yes ____ No ____

Please list names (note: there are no guarantees as to which team you may be placed with).

Have you ever coached youth basketball? Yes ____ No ____

If yes, how many years and with what organization? _____

Which division do you wish to coach? (Please mark all that applies)

_____ 5 & 6 Coed	_____ 9 & 10 Boys	_____ 11 & 12 Girls	_____ 15-17 Boys
_____ 7 & 8 Boys	_____ 9 & 10 Girls	_____ 13 - 14 Boys	_____ Any
_____ 7 & 8 Girls	_____ 11 & 12 Boys	_____ 13 - 17 Girls	

Please list your place of residency for the last five (5) years. _____

Do you have a valid driver's license? Yes ____ No ____

Driver's License#: _____

Have you ever been convicted of or plead guilty to any crime(s): Yes ____ No ____

If yes, describe each in full: _____

PLEASE SIGN BOTH RELEASE STATEMENTS ON THE BACK PAGE

As a condition of volunteering, I give permission for the City of Murfreesboro to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records and other sources of information not listed here. I understand that, if selected, my volunteer position is conditional upon the City of Murfreesboro receiving no inappropriate information on my background such as:

Must not have been convicted of, pleaded guilty to, entered a plea of *nolo contendere* to, or received judicial diversion for any:

- Sexual offense, or have been placed on a sexual offender registry, regardless of the amount of time since the offense;
- Violent felony, regardless of the amount of time since the offense;
- Violation of any federal or state laws or city ordinances relating to force or violence within the last five (5) years;
- Felony offense other than violence or sex within the past five (5) years; or,
- Federal or state misdemeanor charges involving use, possession, manufacture, or sale of controlled substances or drug paraphernalia or felony use of controlled substance within the past ten (10) years.

I hereby, release and agree to hold harmless from liability the City of Murfreesboro, the officers, employees and volunteers thereof, and/or any other person and/or organization that may provide such information from any and all liability or damages including any and all claims which might be made based upon the providing of such information or use of such information by the City, its officers, employees and volunteers without regard to whether the information is accurate.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

**CITY OF MURFREESBORO VOLUNTEER WORKERS
WAIVER AND RELEASE OF LIABILITY & HOLD HARMLESS AGREEMENT
PLEASE READ CAREFULLY**

In consideration for permission to participate as a volunteer in a City of Murfreesboro ("City") public service project for the MPRD Athletic Dept. as a coach, I agree as follows:

1. I have considered and evaluated the risks, danger and possibility of injury resulting from participation as a volunteer performing a public service project for the City of Murfreesboro.
2. I know and understand foreseeable and unforeseeable injuries from common or unexpected sources could occur from the nature of the activity, conditions of the location and from actions of myself, other participants, the City, its employees or volunteers, and other persons involved in this public service project.
3. ***I deliberately and knowingly assume all costs, risks of injury and/or other damages including but not limited to, cost of medical treatment, permanent injury or death, and my property damages resulting from my participation in the public service project. I waive, release and hold harmless the City, its employees, volunteers, and agents from all legal and financial responsibility and from all costs, injuries and/or other damages which might occur while I am participating in the public service project.***
4. I give my permission to the City of Murfreesboro for any photos or video footage of myself taken during the course of this public service project to be used for educational, promotional, or any other purpose by the City of Murfreesboro.

_____ Signature _____ Date _____
Print Name

The City of Murfreesboro does not exclude anyone from participation nor deny the benefits of or otherwise subject anyone to discrimination on the basis of race, national origin, color, age, sex, disability or veteran status. Any complaint alleging discrimination may be filed with the Mayor of the City of Murfreesboro.

_____ Approved _____ Rejected _____ Checked by _____ on _____