



## Memphis Falcons Coaches' Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Are you CPR/First Aid Certified? \_\_\_\_\_ Have you ever coached youth sports? \_\_\_\_\_

If so, what sports have you coached? \_\_\_\_\_

What age group? \_\_\_\_\_ What organization? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Special health concerns: \_\_\_\_\_

I would like to offer assistance in the following:

Basketball \_\_\_\_\_ Baseball \_\_\_\_\_ Tee Ball \_\_\_\_\_ Softball \_\_\_\_\_ Golf \_\_\_\_\_  
Football \_\_\_\_\_ Track \_\_\_\_\_ Soccer \_\_\_\_\_ Cheerleading \_\_\_\_\_ Other \_\_\_\_\_

### **WAIVER AND RELEASE**

In case of an emergency, I do hereby authorize you to obtain emergency medical care and treatment on my behalf. I release the Memphis Falcons, staff and volunteers from claim or liability due to sickness or injury. I attest to the fact that I am covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency. I understand that this is a MEDICAL RELEASE AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT.

Furthermore, I hereby release, discharge, indemnify and agree to hold harmless the Memphis Falcons, its directors, officers and employees, agents and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury or illness that may be suffered at all tryouts, practices, games, team functions and/or while traveling to or from such in church or team volunteer provided transportation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_