



2024-2025 Youth Hoops League Volunteer Coach Registration Form

To ensure the safety and well-being of all those with whom a coach may have contact, PRCS requires all coaches to complete the following form. Please complete and return this form to the City of Racine PRCS Office if you are interested in being a volunteer coach for our Youth Hoops League. Email completed forms to: prcs@cityofracine.org OR Mail completed forms to: PRCS 800 Center St. RM 127 Racine WI 53403

PLEASE PRINT

Name(First): _____ (Middle): _____ (Last): _____

Date of Birth: _____ Driver's License #: _____

Email: _____

Address: _____

City _____ State _____ Zip Code _____

Cell Phone: _____ T-Shirt Size: _____

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Every coach will be subjected to a background check. Are you willing to undergo a background check? Yes No

Did you coach in the 2023-2024 Youth Hoops season? Yes No

Which grade level are you interested in coaching?

GIRLS

BOYS

- 1st/2nd grade
- 3rd/4th grade
- 5th/6th grade
- 7th/8th grade

- 1st/2nd grade
- 3rd/4th grade
- 5th/6th grade
- 7th/8th grade

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I am giving permission to Parks, Recreation and Cultural Services (PRCS) to conduct a criminal and/or driver's license records check and to inquire of others concerning my suitability to act as a PRCS Volunteer Coach. My relationship with PRCS will be an "at will" arrangement and it may be terminated at any time without cause by either myself or PRCS. My relationship with PRCS is not related to, arising from or incidental to employment with the City for any purposes. I understand, that filling this form out, does NOT guarantee placement in the program.

Volunteer Code of Ethics: I understand that I may be dealing with confidential information in the course of volunteering for PRCS and I agree to keep such information in the strictest of confidence and acknowledge that failure to do so may be a violation of law. If, at any time, my behavior is deemed to be contrary to the PRCS mission, my relationship as a volunteer coach may be terminated immediately.

I have read the above and verify that the information I have given is true and complete.

Signature: _____

Date: _____