## **South Florida Recreational Swim League Spring 2015**

## **COACH MEMBER APPLICATION**

Participating season(s) Spring January 15 – April 15 \_\_\_\_\_\_\_\_\_\_\_

Summer May 1 – August 1 \_\_\_\_\_\_\_\_\_\_\_

Fall August 15 – December 1 \_\_\_\_\_\_\_\_\_\_\_

Coach’s Full Name HEAD or ASSISTANT

Home Address

(include Zip)

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address

(include Zip)

Supervisor Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours worked per week for league purposes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Coaches must submit a copy of CPR and First Aid certifications with application

Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand the South Florida Recreational Swim League Procedures Manual.

COACH

Print Name Signature Date

All Coaches must submit documentation of a cleared background check from their employer, or consent and provide payment for a background check conducted by the SFRSL.

1/11/15 TP