



# Volunteer Soccer Coach Application and Waiver

In an effort to implement a successful WB Kickers soccer program, we need your help. If you are interested in coaching youth soccer, please complete this form, along with a Background Consent and Release Form. There will be a volunteer coaches meeting scheduled the Monday prior to the start of the season. Please complete the online concussion training (<https://headsap.cdc.gov/>) required by the State of Michigan prior to the meeting. Uniforms will be available to coaches by the first day of practice. Thank you in advance for your help this season!

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Child's Name/Preferred Age Group: \_\_\_\_\_  
Your Shirt Size:        S        M        L        XL        2XL        3XL

Why would you like to coach this season?

What experience do you have working with 3 year-5 year olds and/or coaching?

Please list any special skills, hobbies or interests you would like us to know about:

I hereby assume complete responsibility for any injury or damage sustained by the applicant and release West Bloomfield Parks and Recreation Commission and all sponsoring agencies of any and all liability for such injury or damages that occur during volunteer work for West Bloomfield Parks and Recreation Commission. I give West Bloomfield Parks and Recreation Commission permission to use my photographic or video image for promotional purposes.

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Signature of Volunteer

Date