



## Volunteer Soccer Coach Application and Waiver

Complete & return by March 15, 2024 to:

[mhodgins@wbparks.org](mailto:mhodgins@wbparks.org)

If you are interested in coaching youth soccer, please complete this form, along with a Background Consent and Release Form. Please complete the online concussion training program required by the State of Michigan (for all volunteer coaches) prior to the season. Thank you in advance for your help this season!

Name: _____		Date: _____
Address: _____	City: _____	Zip: _____
Phone: _____	Email: _____	
DOB: _____	Male: _____	Female: _____
Emergency Contact: _____		Phone: _____
Your Child's Name/Preferred Age Group: <input type="text"/>		

Why would you like to coach this season?

What experience do you have working with 4-5 year olds and/or coaching?

What experience do you have working with 6-7 year olds and/or coaching?

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.

Signature of Volunteer

Date