

ASSISTANT COACH INFORMATION FORM

Please answer all questions.

Name: _____

Address: _____

Phone (Home & Cell): _____

Email Address
(Required): _____

Name of Head Coach: _____

Team Name: _____ Age Division _____

The following items must be turned in with this form before practice begins:

1. Signed Coaches Certification/Waiver Form
2. Signed Coaches Code of Conduct Form
3. Clear copy of Drivers License or State Id
4. \$25.00 annual fee for background check & Coaches ID Pass
5. Email Cindy a photo (head shot) for ID Pass
(cindy.playsportshawaii@gmail.com)

NO COACH WILL BE ALLOWED ON THE PRACTICE/GAME FIELDS UNTIL THE FEE & PAPERWORK ARE SUBMITTED AND APPROVED.