



The City of Garden City, Georgia
Parks and Recreation Department
160 B Priscilla D. Thomas Way, Garden City, Georgia 31408
Phone: 912.966.7788 Fax: 912.966.7775

GARDEN CITY PARKS & RECREATION DEPARTMENT YOUTH SPORTS COACHING APPLICATION

Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____
Child's Name: _____ Age Group: _____
Child's Address (If different): _____

I wish to Coach:

- ☐ Baseball
- ☐ Basketball
- ☐ Cheerleading
- ☐ Football
- ☐ Soccer
- ☐ Softball
- ☐ T-Ball

In the following age group:

- ☐ 6 and Under
- ☐ 8 and Under
- ☐ 10 and Under
- ☐ 12 and Under
- ☐ 14 and Under
- ☐ 17 and Under

Preferred Practice Day: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please list any days you will not be available during the season:

The Garden City Recreation Department wishes to express its thanks to all volunteers within our programs. Without your assistance, the Recreation Department would not be able to function properly. We will attempt to set our schedule as early as possible and inform all coaches of their team as soon as possible.

I understand that a criminal history report will be conducted on all volunteer applicants. I understand that it is for the safety of the children and that all information will be kept confidential. I also understand that as a representative of Garden City, I will act in a responsible manner while volunteering. Failure to do so may result in suspension or removal from program. I hereby verify that if chosen, I will abide by all rules set forth by the Garden City Recreation Department and Georgia Parks and Recreation Association

(Print Name)

(Signature)

(Date)