Hebron Parks and Recreation

Youth Basketball Coach Application

Name: _____ **Birthdate**: _____

Phone: _____ **E-Mail**: _____

Address: _____ **Town**: _____ **Zip**: _____

Name of Child Participating in Program (if applicable): _____

<u>Team in which you are applying to coach:</u>

Recreation (Please circle)

Position: Head Coach Assistant Coach

Kiddy Ball: PreK-2nd Grade

Boys: 3rd/4th Grade 5th/6th Grade 7th/8th Grade 9th/10th Grade 11th/12the Grade

Girls: 3rd/4th Grade 5th/6th Grade 7th/8th Grade

List of experience, qualifications, licenses, etc.

The signature below indicates that the applicant has read and understands the Town of Hebron Parks and Recreation Department's coaching bylaws and agrees to follow all policies as presented.

Signature: _____ **Date**: _____