

Coaching Application 2011-2012

The Cornwell Center
at Myers Park Baptist Church
2001 Selwyn Avenue
Charlotte, NC 28207

COACH INFORMATION

Full Name: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ --- _____ Cell Phone: () _____ --- _____

Email: _____

Birth Date: ____/____/____ Age: _____ Gender: M/F

Requested Age group to Coach: _____ Requested gender to coach: M/F

Do you have a child(ren) participating in the program? Yes/No

If so, what are their names and age group? _____

I have coached at The Cornwell Center for _____ years.

Requested Practice: Day of the week _____ Time: _____

Requested Practice Day:

First choice: _____ Second choice: _____ Third Choice: _____

Requested Time:

First choice: _____ Second choice: _____ Third Choice: _____

As always, we will try and work with your requests. There is limited amount of time and space that is available. We need you to be flexible and accommodating.

EMERGENCY CONTACT INFORMATION:

First Name: _____ Last Name: _____

Phone: () _____ --- _____ Relationship: _____

I understand that the Cornwell Center at Myers Park Baptist Church assumes no responsibility for injuries or illnesses, which may be sustained as a result of participation in any athletic activities, sports programs, and the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all illness which may result from participation in these. In consideration of the privilege of participating at The Cornwell Center, I hereby voluntarily release and discharge The Cornwell Center at Myers Park Baptist Church and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with The Cornwell Center director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine me within a reasonable time prior to the start of the program/activity to determine I am free of communicable disease and has not been exposed to such. I hereby give permission to the medical personnel selected by the Cornwell Center staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

Printed Name of Responsible Party: _____

Signature of Responsible Party: _____ Date: _____

Signature of Cornwell Center Staff: _____ Date: _____