



Coach / Volunteer Application (Please Print)

Date Submitted: _____ Sport: _____

Check Season: Spring Fall Winter

Mail to: PO Box 384 – Butner, NC 27509 OR Email to: info@sgaa.me

Check all that apply: I would like to be a Head Coach (Must be at least 18) OR Assistant Coach OR

Volunteer _____
(Please list area where you would like to volunteer)

Please supply your shirt size if you are requesting to be a **Head Coach**: _____

This application does not guarantee your position with any team. It is an application contingent upon Board approval.

League (Age Group)

Name of Player to Coach and Relationship with Player

All Information Below is COACH'S Information

Name: _____ Date of Birth: *(For tournament rosters)*: _____

Address: _____
Street, City, State, Zip

Home Phone #: _____ Cell #: _____ Work # & Ext.: _____
(Work # will be used for emergencies only)

CLEARLY PRINTED Email Address: _____
(We use email often to convey important information during the season. Please check your email frequently.)

~~~~~  
Your signature indicates that you agree to abide by SGAA's Code of Conduct AND you agree to return all SGAA equipment at the season's end, if applicable.

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In the event that you are removed from a game (**the removal from a game means you must leave the facility/ SGAA activity**), either by an official or a commissioner, the following penalties will apply:

- **First Offense:** Sit out the next game (Regular season or tournament)
- **Second Offense:** Sit out two games
- **Third Offense:** You will not coach in any SGAA sport for 12 months

Background Screening Acknowledgment

Because our volunteers work in close proximity with children, you must be willing to agree to a complete background check.

Background authorization must be completed online at <https://opportunities.averity.com/SGranvilleAA>

Have you ever been convicted of or plead guilty to any crime(s)? Yes No

If yes, please explain (attach additional sheets if necessary): _____

As a pre-condition to serving as a Coach/Volunteer, I give permission for SGAA to conduct criminal background screening on me, which will include a review of sex offender registries, child abuse, and criminal history records. I hereby release and hold harmless from liability SGAA, the officers, employees, contractors, volunteers thereof, and any other person or organization that may provide such information in accordance with the laws of the United States.

Applicant Signature (**Required**) _____ Date _____