

# Coaching Application

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: \_\_\_\_\_