



2018-2019
Murfreesboro Youth Basketball Program
Coaches Form and Background Checks
 UNDER STATE LAW, THIS DOCUMENT IS A PUBLIC RECORD

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Phone:(h)_____ (c)_____ (w)_____

Email Address: _____

Do you have a child(ren) playing Basketball? Yes ____ No ____

If yes, Name: _____ Age: _____

Please check all that apply:

I wish to be: ____head coach ____assistant coach ____doesn't matter

Is there someone you wish to coach with? Yes ____ No ____

Please list names (note: there are no guarantees as to which team you may be placed with).

Have you ever coached youth basketball? Yes ____ No ____

If yes, how many years and with what organization? _____

Which division do you wish to coach? (Please mark all that applies)

_____ 5 & 6 Coed	_____ 9 & 10 Boys	_____ 11 & 12 Girls	_____ 15-17 Boys
_____ 7 & 8 Boys	_____ 9 & 10 Girls	_____ 13 - 14 Boys	_____ 15-17 Girls
_____ 7 & 8 Girls	_____ 11 & 12 Boys	_____ 13 - 15 Girls	_____ Any

Please list your place of residency for the last five (5) years. _____

Do you have a valid driver's license? Yes ____ No ____

Driver's License#: _____

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

If yes, describe each in full: _____

PLEASE SIGN BOTH RELEASE STATEMENTS ON THE 2ND PAGE

