



**2020-2021**  
**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	_____ Any
_____ 7 & 8 Girls	_____ 11 & 12 Boys	_____ 13 - 17 Girls	

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 BACK PAGE**

