



MCBBA COACH APPLICATION

Name: Mr. Ms. Mrs. _____ **S M L XL 2XL 3XL 4XL 5XL**
 Miss Dr. Rev. _____ T-shirt Size (circle)
 Address: _____ Apt: _____ City: _____ ZIP: _____

Cell Phone (required) _____ Home Phone (if different) _____ Work Phone (if different) _____

Primary email address: _____
 (required)

* PLEASE BE CAREFUL WHEN PROVIDING EMAIL ADDRESS, ESPECIALLY WHEN USING ".", "_", AND "-" (PERIOD/DOT, UNDERSCORE, HYPHEN/DASH, ETC.)

<p>FIRST team: <input type="checkbox"/> Head or <input type="checkbox"/> Assistant Coach Team Name (required): _____</p> <p>Check one League (grade level):</p> <p>Boys: <input type="checkbox"/> RB1 (1st) <input type="checkbox"/> RB2 (2nd) <input type="checkbox"/> JB3 (3rd) <input type="checkbox"/> JB4 (4th) <input type="checkbox"/> MB5 (5th) <input type="checkbox"/> MB6 (6th) <input type="checkbox"/> SB (7th and 8th) <input type="checkbox"/> Select League _____ (Note: Only select asst. coaches use this form)</p> <p>Girls: <input type="checkbox"/> RG (1st and 2nd) <input type="checkbox"/> JG (3rd and 4th) <input type="checkbox"/> MG (5th and 6th)</p> <p>HEAD COACH <u>ONLY</u> (ASSISTANT COACHES CAN NOT PROTECT PLAYERS): LIST YOUR PROPOSED PROTECTED PLAYERS, IF ANY (<u>MAXIMUM OF TWO</u>, INCLUDING YOUR CHILD). YOU <u>MUST</u> HAVE THE CONSENT OF THE PLAYER'S PARENTS TO PROTECT A PLAYER.</p> <p>1) _____ 2) _____</p>
<p>SECOND team: <input type="checkbox"/> Head or <input type="checkbox"/> Assistant Coach Team Name (required): _____</p> <p>Check one League (grade level):</p> <p>Boys: <input type="checkbox"/> RB1 (1st) <input type="checkbox"/> RB2 (2nd) <input type="checkbox"/> JB3 (3rd) <input type="checkbox"/> JB4 (4th) <input type="checkbox"/> MB5 (5th) <input type="checkbox"/> MB6 (6th) <input type="checkbox"/> SB (7th and 8th) <input type="checkbox"/> Select League _____ (Note: Only select asst. coaches use this form)</p> <p>Girls: <input type="checkbox"/> RG (1st and 2nd) <input type="checkbox"/> JG (3rd and 4th) <input type="checkbox"/> MG (5th and 6th)</p> <p>HEAD COACH <u>ONLY</u> (ASSISTANT COACHES CAN NOT PROTECT PLAYERS): LIST YOUR PROPOSED PROTECTED PLAYERS, IF ANY (<u>MAXIMUM OF TWO</u>, INCLUDING YOUR CHILD). YOU <u>MUST</u> HAVE THE CONSENT OF THE PLAYER'S PARENTS TO PROTECT A PLAYER.</p> <p>1) _____ 2) _____</p>

MCBBANYSCA COACHES' CODE OF ETHICS

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I promise to review and practice basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for all of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.
- By my example, I will encourage my team parents to demonstrate positive support for all players, coaches, and officials at every game or practice.

I have read the above Code of Ethics and fully agree to abide by and support the code as well as all rules of the Association as a volunteer coach for the Mid-Cities Basketball Association. I understand and agree that the Executive Board of the Mid-Cities Basketball Association may relieve me of my duties as a volunteer coach for violation of the Code of Ethics, or for any other determination that my participation as a volunteer coach is not in the best interest of the MCBBA and its members and players. **I realize that in order for my application as coach to be considered, the following signed and completed form must be attached to this application: MCBBA Release Form for Criminal History Background Checks and Motor Vehicle Record/Criminal History Verification Information.**

NOTE: EVERY COACHING APPLICANT MUST BE CERTIFIED IN BASKETBALL BY THE NATIONAL YOUTH SPORTS COACHES ASSOCIATION (NYSCA) TO BE ELIGIBLE. THE CERTIFICATION CLINIC REQUIRES 3-4 HOURS OF YOUR TIME PRIOR TO FINAL APPROVAL OF YOUR APPLICATION. MCBBA PAYS THE CERTIFICATION FEE DIRECTLY TO NYSCA FOR RETURNING COACHES AND NEW COACHES ATTENDING CLASS BEFORE THE FIRST GAME OF THE SEASON. COACHES WHO WERE CERTIFIED LAST SEASON DOES NOT HAVE TO ATTEND THE CLINIC (AUTOMATIC RECERTIFICATION): IF BILLED BY NYSCA, SEND IT TO MCBBA (DO NOT PAY IT YOURSELF). THOSE DELAYING CERTIFICATION UNTIL AFTER THE FIRST GAME MUST MAKE THEIR OWN ARRANGEMENTS, PAY REQUIRED FEES, AND PRESENT CREDENTIALS TO THE ASSOCIATION'S SECRETARY.

Coach's Signature _____

Date _____

MID-CITIES BASKETBALL ASSOCIATION, INC. (MCBBA)

RELEASE FORM FOR CRIMINAL HISTORY BACKGROUND CHECKS

In connection with my application for a volunteer coaching position with Mid-Cities Basketball Association, Inc. (MCBBA), I understand that an investigative report, which may contain public record information, may be requested or made on me including criminal record, driving record and social security number verification. Further, I understand that you may be requesting information from various federal, state, local and other agencies regarding my past activities.

I hereby authorize without reservation, any party or agency contacted by the Mid-Cities Basketball Association to furnish the above-mentioned information.

I have read, understand and agree to abide by the Mid-Cities Basketball Association's Policy Statement regarding Criminal Background Checks on Volunteer Coaches and Assistant Coaches.

This authorization and consent shall be valid in original, fax or copied form.

MOTOR VEHICLE RECORD/CRIMINAL HISTORY VERIFICATION INFORMATION

PLEASE PRINT LEGIBLY

_____ Last Name	_____ Legal First Name	_____ Legal Middle Name	
_____ Driver's License Number	_____ License State	_____ Sex	_____ Date of Birth

This information will be detached before your paperwork is reviewed. The information on this form will only be used to check those items as specified above.

Falsification of this document or any other document completed during this process shall result in your removal from the selection process. Falsification of such documents may also lead to termination of coaching if falsification is found at any time.

Signature of Applicant

Date

Parental Signature (required if applicant is under 18)

Please note that head coaches must be 18 years of age by the date of the first scheduled game. Also, assistant coaches must be 16 years of age by the date of the first scheduled game.