



Coaches Application Form

(circle one) **spring season or fall season**

A \$20 FEE, CHECK PAYABLE TO LARA OR CASH, FOR BACKGROUND CHECK WILL BE COLLECTED UPON YOUR COACHING APPOINTMENT. APPLICATION MUST BE SUBMITTED TO LARA FOR PROCESSING. APPLICATION MUST BE APPROVED BY LARA PRIOR TO PARTICIPATING AS A COACH.

NAME _____ **email** _____

ADDRESS _____

CITY _____

PHONE (H) _____ **(W)** _____ **(C)** _____

COACHING POSITION DESIRED (circle one) HEAD ASSISTANT

COACHING EXPERIENCE _____

If accepted as a coach with LARA, I promise to uphold the rules, regulations and directives of the organization. Further, I understand and agree that:

- 1 Head coaches are responsible for the conduct of their teams, assistant coaches, player parents and team supporters.
- 2 I am subject to a criminal background check and do hereby release and permit LARA to conduct the same.

In any other previous coaching experience, have you ever been subject to discipline from the league? ____yes____no

Have you ever been convicted of a felony ____yes____no

Are there any criminal prosecutions currently pending against you? ____yes____no

Applicants Signature _____ **Date** _____

LARA Committee Recommendation (circle one) recommended not recommended

LARA President Signature _____ **Date** _____

Equipment Outstanding _____ **Yes** _____ **No** _____

LARA BOARD ACTION (circle one) Approved Not Approved

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LARA PO BOX 725, LOUISBURG, KS 66053

Consent/Release Form

Name of Organization_____

Applicant's Name (printed)_____

Social Security Number_____DOB_____

Applicant's Address_____

City,State,Zip_____

I _____, authorize and give consent for the above named
Name of Applicant

organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name_____Date_____

Signature_____