THE CITY OF ABSECON RECREATION DEPARTMENT
500 MILL ROAD ● ABSECON, NJ 08201
p: 609.576.0810 ● *e:* mfetske@abseconpd.org

ABSECON YOUTH PROTECTION PROGRAM
COACH REGISTRATION

Name:			Address:		
Gender: Male ☐ Female ☐		DOB:			
Cell Phone:			Home Phone:		
E-Mail:					
Sports Interested in coaching:	Baseball ☐ Basketball ☐ Cheer ☐ Football ☐ Lacrosse ☐ Soccer ☐ Softball ☐ T-Ball ☐				
Do you have experience coaching youth sports? Yes ☐ No ☐				If Yes, where?	
If Yes, which sports?				1.	
Sport:		# of years coached		2.	
Sport:		# of years coached		3.	
Sport:		# of years coached		4.	
Have you ever been removed from a coaching position, asked to step down from a coaching position, or put on probation as a coach? Yes ☐ No ☐					
If Yes, please explain:					
Have you ever been convicted of a background check crime (i.e. homicide; assault, endangering, threats; kidnapping; sexual offenses; robbery; theft; offenses against the family, children, and incompetents; and certain CDS-related crimes)? Yes ☐ No ☐					
If Yes, please explain:					
I certify that the information contained on this Authorization/Release form is true and correct, and acknowledge that I may be precluded from coaching due to false, omitted, or fraudulent information.					
Date:		Signature:			
Official Use Only					
Date fingerprinted:			Date Applied:		
Date Issued:			Expiration Date:		