



THE CITY OF ABSECON RECREATION DEPARTMENT

500 MILL ROAD • ABSECON, NJ 08201

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**ABSECON YOUTH PROTECTION PROGRAM
COACH REGISTRATION**

Name:				Address:			
Gender: Male ☐ Female ☐		DOB:					
Cell Phone:				Home Phone:			
E-Mail:							
Check the box that applies:		New Registration ☐		Renewal ☐			
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>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.</i>							
Date:		Signature:					
Official Use Only							
Date fingerprinted:				Date Applied:			
Date Issued:				Expiration Date:			