

**Mesquite Parks and Recreation Department
YOUTH BASKETBALL COACHES APPLICATION**

Name _____

Day Time Phone _____ Home Phone _____

Email _____

1. Which age division (6/under, 8/under, 10/under, or 12/under), and gender (boys or girls) would you like to coach? _____
2. Have you coached in the Youth Basketball program in the past? YES or NO
3. If so, circle and fill out the following information.
Age Division: _____ GIRLS or BOYS Team Name/School _____
4. Do you have a child registered in the Youth Basketball Program? YES or NO
5. If so, what is the child's name? _____
6. I realize that a criminal background check will be conducted by the City of Mesquite on all Youth Basketball coaches? YES or NO
7. I understand that all youth basketball coaches are required to attend a coaching certification course. YES or NO
8. I fully understand that the City of Mesquite reserves the right to accept or reject my request to coach within the Youth Basketball program. YES or NO

Applicant's Signature

Date

FOR PARD OFFICE USE ONLY	
Date Received: _____	Approved / Denied _____ Date Notified
Received by: _____	Notified by: _____