

**2010 Inverness Park District T-Ball
Coach Sign Up Sheet**

Last Name: _____ **First:** _____

Did you coach in the Inverness Park District 2009 T-Ball League? Yes___ No___

Address: _____

Home Phone: _____ **Other Phone:** _____

Email Address (please print clearly): _____

Re print email address: _____

Can we contact you on a regular basis at this email address? Yes _____ No _____

Your child's name: _____

Would you like us to be the ___Head Coach ___Assistant Coach ___No preference

Who would you like to coach with? _____

Check here if you do not have a preference _____

If selected as a coach, please indicate t-shirt size: M / L / XL /XXL

Please complete ALL forms and promptly return to: Inverness Park District 300 N. Highland Road, Inverness, IL 60067 Or by FAX: 847-934-8867 THANK YOU FOR YOUR SUPPORT!!

INVERNESS PARK DISTRICT
2010 Youth T-Ball League

EXPECTATIONS OF COACH BEHAVIOR

As a volunteer coach with the Inverness Park District T-Ball League, I have read and understand the expectations of coach behavior for this league. I agree to fully cooperate and comply with all rules and expectations provided by the park district.

Recognizing that good sportsmanship and cooperation is critical for a successful league, I agree to display appropriate behavior and a cooperative attitude while coaching for the Inverness Park District. Failure to comply can result in the loss of coaching privileges in the league.

Print Name

Signature

Date

****Please sign and return this cover sheet to the Inverness Park District by fax to(847) 934-8867 or by mail to 300 N. Highland Road, Inverness, IL 60067****

**REQUEST FOR CONVICTION NAME CHECK
INVERNESS PARK DISTRICT
YOUTH T-BALL LEAGUE COACHES**

Last Name: _____ **First Name:** _____

Middle Name: _____ **Date of Birth:** _____ **Sex:** _____ **Race:** _____

Drivers License Number # _____

DL State _____

Social Security Number # _____

I authorize the Inverness Park District to submit a Conviction Information Request Form to the Illinois State Police Division of Administration Bureau of Identification pursuant to 20 ILCS 2635/7.

Signature:

Date:

A copy of the response furnished by the Illinois State Police will be available to you.

Within 7 working days of receipt of such copy, the individual named in the request must notify the Bureau of Identification as well as the requester if the information furnished by the Illinois State Police is inaccurate or incomplete.

The individual named in the request may initiate proceeding to challenge or correct a record furnished by the Illinois State Police by contact the Bureau of Identification at (815) 740-5190.

Office Use Only:

Date submitted: _____ Received: _____ Note: