Summer Season Opens
Thursday, June 3, 2010
and runs for 8 weeks.

Games will be played on Thursday evenings at 6:00 p.m. & 7:00 p.m.

Miracle Sports of Tallahassee

Buddy/Coach Information Sheet

Full Name: _____Date of Birth: _____
(Print)

Address: _____

City: _____ State: _____ Zip:_____

Home #: _____ Work #: _____ Cell #_____

E-Mail Address: _____

Shirt Size: Adult Small Adult Medium Adult Large Adult X-Large

Driver's License Number: _____

State: _____ Expiration Date: _____

Have you ever been convicted of a felony? YES_____ NO _____

If yes, state the nature of offense: _____

Are you a U.S. citizen? YES _____ NO _____

If you are not a U.S. citizen, do you possess official documentation that authorizes you to work in the U.S.? YES _____ NO _____

Can you commit to more than one week of the season: YES NO

Please list any volunteer / paid coaching experience you have:

_____

_____

_____

It is agreed by the signature below that in the event my child is injured, or incurs disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee - Parks, Recreation and Neighborhood Affairs Department, FDOA, Miracle Programs, Coaches and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge. TPRNA/ Miracle League of Tallahassee and Miracle Sports of Tallahassee reserve the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the FDOA and may be used for publicity or promotion purposes only.

Parent / Guardian Signature: _____ Date: _____

By my signature below, I understand that the FDOA / Miracle Programs may conduct any criminal background check they deem appropriate or mandated by law:

_____ _____

Signature Date

for Office Use Only:

Background Check Completed By: _____ _____
Signature *Date*

Type of Background Check Done: _____