



Si View Metro Parks / Youth Sports
PO Box 346
North Bend WA 98045
425-831-1900

Rec. Coaching Application / Letter of Intent

Date: _____

Name: _____

Address: _____

City: _____ e-mail: _____

Phone: _____ (day) _____ (eve) Cell: _____

Signed: _____

Position applying for: _____ Head Coach _____ Assistant Coach

Age/ Grade Level Requested: _____ K/Grade: _____ Boys _____ Girls

_____ 1st/2nd Grade: _____ Boys _____ Girls

_____ 3rd/4th Grade: _____ Boys _____ Girls

_____ 5th/6th Grade: _____ Boys _____ Girls

_____ 7th/8th Grade: _____ Boys _____ Girls

Do you have a child playing basketball in our program? _____ Yes _____ no

If yes, what age level(s): _____

Do you wish to participate with his/her team level? _____ yes _____ no

Current First Aid/CPR certified? _____ Expiration Date: _____

Can you attend weekly skills sessions (required) _____ yes _____ no? Best day: _____

Prior Coaching Experience: _____
