

**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: \_\_\_\_\_ 1<sup>st</sup>/2<sup>nd</sup> Grade: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

   \_\_\_\_\_ 3<sup>rd</sup>/4<sup>th</sup> Grade: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

   \_\_\_\_\_ 5<sup>th</sup>/6<sup>th</sup> Grade: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

   \_\_\_\_\_ 7<sup>th</sup>/8<sup>th</sup> 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: \_\_\_\_\_

\_\_\_\_\_