



Returning Coaches' Application Form

____/____/____
(Date)

Personal Information:

Name: _____

Date of Birth: _____

Street Address: _____

City: _____ Zip code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Shirt Size: (adult) S M L XL XXL XXXL _____ (Specify)

Activity: Please select all that apply – only one form is needed (i.e. for camp and season)

- | | |
|---|---|
| <input type="checkbox"/> Boys Rocket Football Camp | <input type="checkbox"/> Girls Volleyball Camp |
| <input type="checkbox"/> Boys Rocket Football Team/season | <input type="checkbox"/> Girls Volleyball Team/season |
| <input type="checkbox"/> Boys High School Football | <input type="checkbox"/> Other: _____ |

Please specify if there is a specific team/level desired: _____

If you have a son or daughter you would like to coach, please provide their name, age and sport:

Coaches Code of Ethics:

I will lead by example in demonstrating kindness, consideration and fair play to all my players in a way that honors God and blesses my players.

I will purposefully work to promote the goals of the association.

I will place the emotional, physical and spiritual well being of my players above my personal desire to win.

I will strive to treat each player as an individual bearer of God's image:

- treat each player with equal respect and concern,
- keep in mind their emotional and physical differences.

I will hold myself to a higher standard in providing a safe playing situation for my players, teaching them to respect their own, and other, God-given bodies.

In signing this application, I have read and agree to abide by the above policies, Code of Ethics and Statement of Faith. I am willing to cooperate with the WMCAA, Inc. and will abide by the rules of the Association and any decisions made by the Board Members on behalf of the WMCAA, Inc. I affirm that the information I have given on this form is true and correct.

SIGNATURE _____

DATE SIGNED _____

The WMCAA Official Board reserves the right to not select an applicant without cause.



Insurance Required Release Form

Waiver/Release - RELEASE OF LIABILITY FOR ADULT PARTICIPANTS - READ BEFORE SIGNING

IN CONSIDERATION OF _____, I agree to participate in any way in the related events and activities of the West Michigan Christian Athletic Association (WMCAA). I the undersigned acknowledge, appreciate, and agree that:

The risk of injury to myself from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- 1) FOR MYSELF, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from the participation and bring such attention of the nearest official immediately; and,
- 3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the West Michigan Christian Athletic Association (WMCAA) its directors, officers, coaches, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(ADULT SIGNATURE)

(PRINT NAME)

Date Signed: _____