

# VOLUNTEER BASKETBALL COACH APPLICATION

Please submit to Supervisor Roderick Smith by email, rsmith@newingtonct.gov, no later than Friday, November 21, 2025

Registration ends Friday, November 21, 2025 at 11:00 AM. Registration will not be accepted after this date and time, no exceptions!

## COACH INFORMATION:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name of Child I Wish to Coach: \_\_\_\_\_ Male / Female

School Child is Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Preference:  HEAD COACH  ASSISTANT COACH

If possible, I would like to coach with (list other coach's name): \_\_\_\_\_

Coaches are required to attend the mandatory Orientation Meeting for Coaches on Saturday, December 6, 2025.



## CODE OF ETHICS FOR COACHES

I hereby pledge to provide a positive attitude and be responsible for my participation and actions as a Youth Sports Coach by following this Code of Ethics:

I will encourage good sportsmanship from fellow coaches, players, officials and spectators at every game.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will be knowledgeable in the rules of the game.

I will treat all players, fellow coaches, officials, and spectators with respect, and I will expect to be treated accordingly.

I will help ensure an alcohol, tobacco and drug free environment.

I will remember that sports are an opportunity to learn and have fun.

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Coach (signature)

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Coach (Print Name)

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Date



## CRIMINAL HISTORY-

Please note that background checks will be conducted for all potential coaches.

Have you ever been arrested for any offenses other than minor traffic violations? (please circle one) YES NO  
(if yes, please explain)

## RELEASE

For and in consideration of the undersigned choosing to participate in activities associated with the Town of Newington Volunteer Program, I, for myself and/or my child (if applicable) voluntarily elect to avail myself and/or my child of the opportunity to participate in this program and assume any risks pertaining to such participation. I understand and agree that the purpose is for the Town of Newington to participate in community service plans for both adults and children. On my behalf, and on behalf of my child and or, his or her representatives, heirs, and assigns, I hereby release, indemnify, and save harmless for the Town of Newington, its elected and appointed officials, employees, volunteers, designees, consultants and agents (hereinafter representatives) from all claims of liability of whatever nature arising from any act, omission, negligence or otherwise of the Town of Newington or its representatives. This includes but is not limited to any injury to any person or to any property of any person or any harm, injury, or damage whether foreseen or unforeseen which I or my child may suffer while participating in the above program. This Release, Indemnification, and Hold Harmless Agreement shall include indemnity against all costs (including, without limitation, attorneys fees and court costs), expenses, and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in the defense thereof. During the COVID-19 pandemic, I also understand that I must adhere to all CDC, state, and local COVID-19 guidelines, including all social distancing, temperature checks, personal protective equipment requirements, and sanitation protocols. I acknowledge that there is a risk of transmission when in a group or class setting, even with personal protective equipment. I have read this Release, Indemnification, and Hold Harmless Agreement. I voluntarily signed it. I realize that by signing this document I am giving up legal rights to which I may be entitled.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_