

**BEDFORD COMMUNITY EDUCATION
2021-2022 COACHING FORM**

Name of Sport: _____ Fall Winter Spring Summer

Grade Level: Pre ___ K-1 ___ 2-3 ___ 4-5 ___ 6-8 ___ 9-12 ___

I would like to (circle one): Coach ___ Assist Coach ___

First Name _____ Middle Initial ___ Last Name _____

Home Address _____
(include city and zip)

Email Address _____

Home Phone _____ Cell Phone _____ (text Y / N)

Best Time of Day to reach you? If work, please also include work number _____

Name of Child you wish to coach _____

Person you wish to coach with _____

Are you able to attend the coaches meeting _____ Yes No

Please mark preferences: Practice days _____ Times: _____

Coaches shirt (free) , circle: size: AS (34-36) AM (38-40) AL (42-44) AXL (46-48) AXXXL (50-52)

Please note: For the safety of our players, all coaches and assistants undergo a background check. This information will remain confidential and not used for any other purpose. This information will be shredded at the end of the season. Please fill in the information below:

Driver's License _____ Date of Birth____/____/____
(include a middle name or initial)