**Updated May 2017:**

**The following are the eligible positions available to apply for the coach’s benefit program:**

* **The registered Head Coach of any of the NMYA programs**
* **The following programs are eligible for Head Coach and 50% for primary registered assistant:**
  + Soccer and Basketball age groups 3rd through 8th grade
* **The following programs are eligible for Head Coach and 100% for primary registered assistant:**
  + Baseball and Softball age groups 1st through 8th grade
* **The following programs are eligible for Head Coach only:**
  + Little’s Program (Pre-K & Kindy \*basketball 1st & 2nd) and Volleyball

**Please email to** [**northmarionyouth@gmail.com**](mailto:northmarionyouth@gmail.com) **or fax to 503-655-5993. It is ok to take a picture of form from your phone and email, but please make sure it is legible.**

Thank you for volunteering and your support of North Marion Youth Athletics. As a thank you for your time, below are options we are making available to our **registered** head and assistant coaches. Our goal is to thank those that put in many hours to coach our youth.

**Your Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Player’s Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy Girl

**Sport You Are Coaching (include year):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Initial Each Item:**

1. \_\_\_\_\_ I am a registered and approved head coach or assistant coach through the North Marion Youth Athletics Program. (If not or unsure, please **STOP** and contact the coordinator of your sport located at [www.northmarionyouth.com](http://www.northmarionyouth.com))
2. \_\_\_\_\_ I have a current background check through the North Marion School District (If not, or unsure, please **STOP** and contact the coordinator of your sport located at [www.northmarionyouth.com](http://www.northmarionyouth.com)) If needed, background check form and directions are located on the website under the volunteer tab.

**I would like to take advantage of: (please check one box)**

Having my child’s registration fee be a tax deductible donation to the program (donation receipt will be provided by the end of the season) Registration Fee: $\_\_\_\_\_\_\_\_\_

Please refund my child’s registration fee (please allow a couple week processing time) Eligible for

child, step-child or grandchild. *One per team that you are registered as a coach.*

Registration fee: $\_\_\_\_\_\_\_\_

***Address for check or donation receipt to be sent (please print clearly):***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

By signing, you authorize that all information is accurate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Accepted by board member