

**City of Pleasanton**  
**Community Services Department**  
**200 Old Bernal Avenue**  
**Pleasanton, CA 94566**  
**Phone: (925) 931-3439**  
**Fax: (925) 931-5477**



**Email: [nvelazquez@cityofpleasantonca.gov](mailto:nvelazquez@cityofpleasantonca.gov)**

**Volunteer Youth Sports Coaching Application**

(All volunteers are subject to background check and tuberculosis clearance)

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

Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_ Medical Insurance Provider: \_\_\_\_\_

Child(s) Name: \_\_\_\_\_ Child(s) Grade: \_\_\_\_\_

Available Day(s)/Time(s):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

**Initial here:** \_\_\_\_\_ to certify that you has not been convicted of, and will submit to a criminal background check for violations or attempted violations of §§ 220, 261.5, 262, 273a, 273d, or 273.5 of the California Penal Code, or any sex offense listed in § 290 of the Penal Code, except for the offense specified in subdivision (d) of § 243.4 of the Penal Code, within the past ten (10) years.

**Coaching Experience:**

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Duties: \_\_\_\_\_

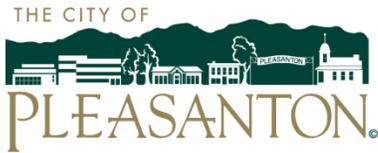
**I hereby certify that statements in this application to be a volunteer coach are true:**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If volunteer is under the age of 18)

**Office Use Only:**

Date Received: \_\_\_\_\_ Waiver: \_\_\_\_\_ Background Check: \_\_\_\_\_ TB: \_\_\_\_\_



**City of Pleasanton**  
**WAIVER, RELEASE AND**  
**ASSUMPTION OF RISK;**  
**CONSENT AND WAIVER**  
**FOR USE OF SOUND RECORDING**  
**IMAGE AND LIKENESS**

**All applicants must sign the Wavier, Release and Assumption of Risk; Consent and Waiver for Use of Sound Recording, Image and Likeness. If applicant is under 18 years of age, a legal guardian/parent signature is also required.**

The City of Pleasanton (“City”) is sponsoring the following activity: \_\_\_\_\_

I voluntarily agree to my [my child’s] participation in this activity. I am [My child is] physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am [my child is] participating in this activity. In addition, if transportation is provided to the activity, serious injuries could occur. Knowing these risks, I want [my child] to participate in this activity.

I acknowledge and consent that photographs and other pictorial works, motion pictures, videos, and other audiovisual works, sound recordings, musical works, dramatic works, and/or pantomimes and choreographic works of or made by me [my child] (“Works”) may be made during the activity, and that my [my child’s] voice, image, and likeness may be recorded and reproduced in the Works and related informational and/or promotional material (“Related Materials”). I also acknowledge and consent to my [my child’s] name being identified in the Works and Related Materials, and that the Works and Related Materials may be publicly promoted and distributed in many ways, including, but not limited to, the City’s website, brochures, and flyers.

I acknowledge and consent that I [my child] will not be compensated for the Works and Related Materials, the City exclusively owns all rights to the Works and Related Materials, and the City may use them at its discretion.

I [on behalf of my child] hereby assume the risk, and hereby waive, release and hold harmless the City, its officials, employees, agents, sponsors, promoters, and assigns of this activity, for any and all claims, liability, cost, expense, including attorneys’ fees, or cause of action for defamation, invasion of right to privacy, publicity, or personality or any similar matter which I [my child] or my [my child’s] heirs, assigns, executors or administrators may have or which may accrue to me [my child], arising out of my [my child’s] participation in this activity, including transportation to or from the activity or the use of the Works and Related Materials.

I have read the above, understand that important legal rights are being waived, and sign it freely and voluntarily.

Date	Signature of Volunteer	Print Name of Volunteer	Volunteer Birth Date
	Signature of Parent or Guardian (if participant is a child)	Print Name of Parent or Guardian	
	Parent or Guardian Cell Phone		