



2017 PAL Tennis Coaching Registration Form

Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Email address: _____

Birthdate: _____

Social Security Number: _____

Driver's License # & State: # _____ State: _____

Gender: **Circle One:** Male Female

Race: **Circle One:** Black White Hispanic Asian Indian Middle Eastern

Cell phone: _____

Home Telephone: _____

Work Telephone: _____

Age group you prefer to coach : **N/A**

Preferred team name: **N/A**

Position desired : **Circle One:** Head Coach; Asst. Coach; Bookkeeper

Waiver: I agree, by signing this release, to hereby forever release, discharge and covenant to hold harmless the City of North Little Rock, the NLRPD and NLRPAL and any of its employees, representatives and volunteers participating in this program from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, belonging to the undersigned arising out of any act or occurrence up to the present time, and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that I may hereafter sustain, in consequence of an accident or injury that may occur during this program.

Background Check: By signing this form, I agree that I am a US Citizen and I agree to a full criminal and traffic background check. I agree to fully disclose any additional information that might adversely affect my consideration for this position by listing the information here: _____ . (You may also include attachments if needed.)

Termination: I further agree that PAL Administrators have the final say in accepting or rejecting my appointment to this or any other position with PAL and that PAL Administrators will retain any and all rights to remove me from this position at any time for any reason; with or without cause and without an explanation. I agree I have no recourse or rights in the determination for any decision by PAL Administrators should this occur and waive all rights to challenge any determination.

Signature: _____ **Date:** _____