



# San Francisco Police Activities League

350 Amber Drive, San Francisco, CA 94131

[www.sfpal.org](http://www.sfpal.org) / 415.401.4666

## COACH & ADULT VOLUNTEER REGISTRATION FORM

SPORT \_\_\_\_\_ SEASON \_\_\_\_\_

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

TEAM NAME(S): \_\_\_\_\_ GRADE/DIVISION: \_\_\_\_\_

BIRTHDATE\*: \_\_\_\_\_ LAST 4 DIGITS OF SSN\*: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYMENT NAME\*: \_\_\_\_\_

EMPLOYMENT ADDRESS\*: \_\_\_\_\_

EMPLOYMENT CONTACT NAME & NUMBER\*: \_\_\_\_\_

ARE YOU A COACH FOR ANY OTHER SFPAL SPORT? (Circle One): YES NO

IF YES, LIST SPORT: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

\* This is used to confirm for fingerprint identification only and will not be shared with anyone other than SFPAL staff.

### CONTACT IN CASE OF EMERGENCY

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION (OPTIONAL)

In order for SFPAL to apply for foundation and individual support to underwrite our programs and keep costs at a minimum, we ask that you please respond to the following demographic information. (This information is optional and confidential).

ETHNICITY: \_\_\_\_\_ GENDER: \_\_\_\_\_

### CONSENT TO RULES & LEAGUE POLICIES:

By signing this document:

- I agree that I have read and will uphold the rules, regulations and Coach/Parent/Spectator Code of Conduct of the SFPAL, its affiliates and sponsors. I also understand that if I violate any of these rules, I will jeopardize my ability to be a coach and my team's and/or individual player's ability to participate in youth sport leagues in San Francisco.
- I agree that I will not allow any youth to practice or participate in a game without first filling out an *SFPAL Waiver of Liability* form and submitting it to the SFPAL office. If I do allow this to happen, I will be immediately disqualified from the league—regardless of how many teams I may be coaching.
- I verify that all information on this form is correct and I give SFPAL permission to verify this information should they need to.
- I give SFPAL permission to use my photo or likeness in promotional materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### (FOR OFFICE USE ONLY)

Fingerprinted:  Date Fingerprinted: \_\_\_\_\_ Coaching License Level: \_\_\_\_\_