



City of Cheyenne
Recreation Division
1317 Parsley Blvd.
Cheyenne, WY 82007

2020 Cheyenne Girls Recreation Softball League Coaches Application

Name: _____ Phone Number(s): _____
 Male Female (If female, please list maiden name and any previously married names)

Address: _____ City: _____ State: _____ Zip: _____
D.O.B: _____ E-mail address: _____

Have you had previous coaching experience, or opportunities to work with children before? Yes No

If yes, name(s) of organization/league: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of person in charge: _____ Phone Number: _____

Please list any criminal history you may have: _____

All volunteers will be subject to a Criminal Background Check by the City of Cheyenne Police Department

I would like to Coach age group: 8 & Under 9&10 11&12 13&14 15-18
 I would like to coach my child's team. Child's name: _____

*As your team's Head Coach, you can pick your teams name and color. Colors may be changed due to the color options offered by the printing company.

Team Name: _____ Team Colors: _____

The undersigned hereby agrees to release the City of Cheyenne and the Recreation Division against any and all claims for loss, injury, or damage to persons or property arising out of the activities engaged in by the undersigned, as part of Cheyenne Recreation Division program activities.

Signature: _____ Date: _____

Please call or e-mail with any questions you may have, and return on or before **March 19, 2020** to:

Recreation Specialist Michael Edwards
medwards@cheyennecity.org
(307) 773-1039