



2021 Cheyenne Girls Recreation Softball League Coaches/Assistant 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: _____ Driver's License #: _____ State _____

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

Select age group to coach: 8 & Under 9&10 11&12 13&14 15&16 17&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: _____

Please call or e-mail with any questions you may have, and return on or before **April 8, 2021** to:
Recreation Specialist Michael Edwards / medwards@cheyennecity.org / (307) 773-1039

Girls Recreation Softball League Assumption of Risk Waiver & Release

I, the undersigned coach, agree that there are inherent risks of injury from my participation in the Cheyenne Recreation Division Girls Softball League. Those risks include, by way of example and not limited to cuts, scrapes, bruises, sprains, strains, pulled muscles, and/or broken bones. I recognize that any activity involving motion and contact creates the possibility of serious injury, including permanent paralysis and even death. I am aware of the risks of injury, and will instruct my players to follow the safety rules and my instructions at all times.

I understand that members of the Cheyenne Recreation Division staff, game officials, or the volunteer coaches might be required to give first aid to me in the event of an injury or illness. I consent to the administration of first aid procedures on myself by the Cheyenne Recreation Division staff, game officials, or volunteer coaches, and the calling of an ambulance to transport me to the hospital if an injury requires more than basic first aid.

Therefore, in consideration of my participation in the Cheyenne Recreation Division Girls Softball League, I fully assume all risks associated with my participation in the Girls Softball League. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which I have or which may accrue against the City of Cheyenne, its offices, employees, and volunteers for any and all waiver and release applies to any negligence on the part of the City, its officers, employees and volunteers. I understand that I am relinquishing legal rights. Further, I agree to defend, indemnify and hold harmless, including paying attorney’s fees, costs and expenses, the City of Cheyenne from any and all liabilities which may result from my participation in the Cheyenne Recreation Division Girls Softball League, and I agree not to initiate any legal proceedings against the City of Cheyenne, its officers, employees, and volunteers.

The undersigned acknowledges that novel coronavirus (COVID-19) infections have been confirmed throughout the United States, including several cases in Wyoming. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Wyoming Department of Health and the Laramie County Department of Health, for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that the undersigned shall not visit or utilize the facilities, services or programs of the Cheyenne Recreation Division within 14 days after

- (i) Returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice
 - (ii) Exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice
 - (iii) Or exposure to any person who has a suspected or confirmed case of COVID-19.
- The CDC Travel Health Network is continuously updating this list and the undersigned agrees that they are aware of this list.

The undersigned hereby agrees, represents, and warrants that the undersigned shall not visit or utilize the facilities, services, or programs of the Cheyenne Recreation Division if he or she

- (i) Experiences symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or
- (ii) Has a suspected or diagnosed/confirmed case of COVID-19.

The undersigned agrees to notify the Cheyenne Recreation Division if he or she believes that any of the foregoing access/use restrictions may apply. I certify that I have read and understood this document and sign it knowingly, willingly, and voluntarily.

I have read the above statements and acknowledge the terms of the agreement.

Coach’s Name: _____ Date: _____

Coach’s Signature: _____