



# COACH APPLICATION FORM

\_\_\_\_HEAD Coach

\_\_\_\_ASSIT. Coach

Team Name:\_\_\_\_\_ Age Group\_\_\_\_\_

Football \_\_\_\_ Soccer \_\_\_\_ Baseball \_\_\_\_ Cheerleader \_\_\_\_

## Please Print All Information Clearly

Coach's Name:	_____	Date of Brith	_____
Address:	_____	SSN #	_____
City/State:	_____	E-mail Address:	_____
Zip Code:	_____	Cell Phone:	_____
Home Phone:	_____	Home Phone:	_____

## Submit With Application

### Copy of Valid ID

### Background Check

By Signing below, I'll allow Lyfe Styles Health Management Inc. (otherwise referred to as "Lyfe Styles ") and its affiliates, up to and including Board Members, to perform criminal history research on my person

I acknowledge and understand that this may include but is not limited to, formal criminal history check performed by the North Carolina State Police, research on North Carolina State Police National Registry for Sex Offenders, and further research conducted by a Lyfe Styles designated Board Member or Research Committee.

I acknowledge the information obtained is used for and in conjunction with my submitted application for member to the said, Lyfe Styles Health Management Inc..

I acknowledge, upon obtaining any information stating conviction of any of the following, Lyfe Styles will deny/ decline my application for membership without any further due process.

1. Violent Crime Against Minor(s),
2. Sex Offense against a minor(s),
3. Violent Sex Crime

I acknowledge information obtained stating conviction of felonious acts other than stated above, may require further review and interview of said, Lyfe Styles Board of Directors.

By signing said agreement, I pledge to inform a member of the Lyfe Styles Board of Directors within 24 hours of any said changes in criminal status. This is to include but not limited to North Carolina State Law conviction of misdemeanor, felony and/or sex offense charges.

Lyfe Styles is an equal opportunity organization that does not discriminate based on sex, creed, religion, or disability, however our number one priority is the welfare of the participants and their families which includes their personal safety.

Information obtained will be kept confidential and will not be released to any other parties, unless strictly in compliance with applicable laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date