



San Francisco Police Activities League

350 Amber Drive, San Francisco, CA 94131

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.

Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

Fingerprinted: Date Fingerprinted: _____ Coaching License Level: _____