



HOUSE LEAGUE COACHING REGISTRATION FORM

Revised: Sep 14, 2010

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ POSTAL CODE _____

TELEPHONE NUMBERS: _____ (h) _____ (w) _____ (cell)

EMAIL ADDRESS: _____

Do you have a child playing this season in the Niagara Thunder Basketball program and if so do you want to coach this child. Y /N

_____/_____/_____
Child's Name BIRTH DATE

I would be interested in attending a coaching clinic: Y /N

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN:

In order to be approved as a House League Coach representing the Niagara Thunder Basketball Club you must:

- **Attach a copy of a Police Record Check (PRC) Certificate issued by one of the Police Services within the province of Ontario.**
- **Have read and attached a signed copy of Niagara Thunder's Coaches Code of Conduct.**
- **Follow the policies and procedures of the Niagara Thunder Basketball Club, including the Club and Tournament Manual, and**
- **Have read and will follow all of Basketball Ontario's Policies and Procedures (e.g.: Fair Play, Behavioural, Harassment, etc.), including all requirements outlined in the current edition of the OBA Coaches Manual.**

I, _____ as a volunteer coach understand and acknowledge the trust placed in me by the Niagara Thunder Basketball Club program, players and parents of players, and as such I do hereby swear to never jeopardize that trust or take advantage of any authority over any player and to never put myself in a situation that could be reasonably interpreted by the Niagara Thunder Basketball program, any player or parents of players, as any form of discrimination, verbal, physical or sexual harassment or advancement towards a player.

Coaches Signature

Date