

Lexington Recreation & Parks Department  
**Coaching Application**

Date Received: \_\_\_\_\_

**I. General Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Experience: \_\_\_\_\_

\_\_\_\_\_

Sport (*please check*):

Basketball \_\_\_\_\_ Football \_\_\_\_\_ Softball \_\_\_\_\_ Baseball \_\_\_\_\_  
T-ball/C-ball \_\_\_\_\_ Cheerleading \_\_\_\_\_ Soccer \_\_\_\_\_

**II. Leadership Agreement:**

Please take a moment to read and consider the following rules carefully. As a representative of the City of Lexington Recreation & Parks program I will:

1. Place the emotional and physical well-being of my players ahead of a personal desire to win.
2. Treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
3. Teach players good sportsmanship, how to win without boasting and to accept defeat in a gracious manner.
4. Observe, respect and support the Recreation & Parks Department policies, rules and procedures.
5. Accept decisions made by game and departmental officials.
6. Never criticize or ridicule the City of Lexington Recreation & Parks program or blame game officials for defeat at any time to players, game officials, other coaches or parents.
7. Accept dismissal if my behavior is detrimental to the program in any way which may effect its image or successful operation.
8. Realize that my efforts and work as a volunteer coach is recognized as a valued and significant contribution to the City of Lexington Recreation & Parks Department.

*By signing this application I understand that I am expected to observe all contents of this application and rules governing my assigned league. I also agree to conduct myself in a sportsmanship-like manner at all times recognizing that my conduct is a reflection on the program and an influence on players for whom the program is intended. Furthermore, I understand that failure to do so will result in forfeiting my position as a team coach.*

Signed:

\_\_\_\_\_  
*Coach*

\_\_\_\_\_  
*Athletic Director*

**Office  
Use Only**

Lexington Recreation & Parks Department

# Coach Evaluation

- |   |                                    |                               |                               |
|---|------------------------------------|-------------------------------|-------------------------------|
| 1. Knowledge of Sport                             | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> |
| 2. Behavior and Conduct                           | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> |
| 3. Coaching Ability                               | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> |
| 4. Relationship with Players                      | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> |
| 5. Relationship with Parents & Recreational Staff | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> |
| 6. Recommended for the following Season           |                                    | Yes <input type="checkbox"/>  | No <input type="checkbox"/>   |
| 7. Comments:                                      |                                    |                               |                               |

---

---

---

---

***Signed:***

***Date:***

---

*Athletic Director*

---