



Parks & Recreation Department
P.O. Box 397, 500 East Colorado Ave.
Telluride, CO 81435
(970) 728-2173

Coach/ Umpire / Referee / Scorekeeper Application

Your Name: _____ Age: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip _____ Cell Phone: _____

Email: _____

Soc. Security #: _____

Position Applying For: COACH REFEREE UMPIRE SCOREKEEPER

SPORT: _____ AGE GROUP: _____

PREVIOUS EXPERIENCE: _____

CERTIFICATIONS: _____

Agreement: I, the below signed, agree to abide by the rules, guidelines and philosophy set forth by the Town of Telluride Parks and Recreation Department for the sport that I am applying for. I also understand that I am subject to the Town of Telluride's Personnel Policies and Ethics Code.

Signature: _____

Date: _____

- IF WORKING WITH YOUTH, PLEASE FILL OUT APPLICATION FOR CRIMINAL HISTORY FORM ON REVERSE SIDE >>>



Parks & Recreation Department
P.O. Box 397, 500 East Colorado Ave.
Telluride, CO 81435
(970) 728-2173

APPLICATION FOR CRIMINAL HISTORY RECORD

NAME: _____

HOME PHONE: _____ WORK PHONE: _____

ANY OTHER NAME KNOWN BY? _____

RACE: _____ GENDER: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: ____/____/____

DRIVER'S LICENCE #: _____ STATE: _____

FORMER STATE OF RESIDENCY? _____

I request and authorize the Telluride Parks and Recreation Department to complete a criminal history check of my records. This criminal history check is required for all youth sports coaches, assistants, and referees in order to work or volunteer with the youth of Telluride.

I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT.

APPLICANTS SIGNATURE DATE OF REQUEST

FOR PARKS AND RECREATION DEPARTMENT USE ONLY

A record check has been completed as requested by the applicant, the results of which are as follows:

- () No criminal record on file
- () Applicant does have a criminal record

Comments: _____

Records Checked By: _____ Date: _____

Youth Sports Coach – Code of Ethics Pledge

- I will do my best to provide a safe environment for the team.
- I will do my best to organize practices that are fun and challenging.
- I will place the emotional and physical well being of players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development differences for the same age group.
- I will lead by example in demonstrating fair play and sportsmanship.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach and I will teach these rules to players.
- I will use those coaching techniques appropriate each of the skills I teach.
- I will remember that I am a youth sports coach, and that the game is for the children and not adults.
- I will aspire to uphold the coaches' ethics code set forth by the national governing body of the sport that I am coaching/

I hereby pledge to live up to my responsibilities as a Youth Sports Coach by following the Town of Telluride Parks and Recreation Code of Conduct.

Printed Coach's Name: _____

Coach's Signature: _____

Date: ____/____/____

**TOWN OF TELLURIDE PARKS AND RECREATION DEPARTMENT
RECREATIONAL ACTIVITY RELEASE / INDEMNIFICATION FORM**

*** Participant (ages 7 and up) must read carefully before signing.**

If the participant is younger than 7 years old, the parent should agree to the terms on their child's behalf.

**** Waivers are good for 1 year for all Parks and Recreation activities.**

Please initial each section and sign on bottom.

In consideration for being permitted to participate in any Town of Telluride offered recreational program, I hereby acknowledge, represent, and agree as follows:

- ____ 1. I understand that the activities that I have registered to participate in are or may be dangerous and do or may involve risks of injury, loss or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the use of the recreation facility or participation in the program, including but not limited to the following risks: **drowning, joint injuries, head or facial injuries, lacerations, contusions, abrasions, and broken bones.**
- ____ 2. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby agree to the following terms related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town, its officers, employees, or by any other cause:
- A. Expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities,
 - B. Waive, and exempt, release, and discharge the Town, its officers and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities
 - C. To defend, indemnify and hold harmless the Town, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town, its officers, employees, insurers, or self-insurance pool, in account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities
- ____ 3. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I further acknowledge and agree that this **AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- ____ 4. I understand and acknowledge that the Town, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this **RELEASE AND INDEMNIFICATION AGREEMENT**, the monetary limitations (presently \$150,000 per person and \$600,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 *et seq.*, as amended, or otherwise available to the Town, its officers, or its employees.
- ____ 5. I understand and agree that this **RELEASE AND INDEMNIFICATION AGREEMENT** shall be governed by the laws of the State of Colorado, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of San Miguel County, Colorado.
- ____ 6. This **RELEASE AND INDEMNIFICATION AGREEMENT** shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

PARTICIPANT SIGNATURE AND DATE:

Print Name: _____ Signature: _____ Date: _____

Date of Birth: ____/____/____ Cell: _____ Email: _____

Program Name: _____ Team Name: _____