



Venom Sports
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Venom@VenomSports.net / www.VenomSports.net

COACHES FORM

Coaches' Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Drivers License #: _____ Birth Date: _____

Social Security #: _____ Email Address: _____

Employer: _____ Occupation: _____

Birth City: _____ Birth State: _____ Birth Country: _____

Coaching Interest

Sport: _____

Position: Head Coach _____ Assistant Coach _____ Other _____

What group(s) are you interested in coaching?

Girls: _____ Ages: 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____

Boys: _____ Ages: 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____

I hereby authorize Venom Sports and / or its affiliated organizations to perform the necessary background checks to ensure my eligibility in participating in their programs.

Name: _____ Signature: _____

Notarized: _____ Date: _____