CLIFFSIDE PARK

RECREATION DEPARTMENT

Phone: 201.945.2578 - Fax: 201-945-0358

COACHES REGISTRATION FORM

Full Name: _____

Address:_____
Street City Zip

Cell: (_____)_____ H: (_____)_____

SPORT COACHING: _____

E-mail: _____

Age: _____

Coaching Experience: (What sport & How long) _____

_____

_____

SCREENING PROCESS (MANDATORY)

RUTGERS CLINIC- Date: _____

BACKGROUND CHECK DATE: _____

"A coach will impact more young people in a year than the average person does in a lifetime." (Billy Graham)

https://register.communitypass.net/CliffsideParkBorough - http://www.cliffsideparknj.gov/ - www.facebook.com/boroughofcliffsidepark/