

# Rocky Hill Youth Basketball Coach Questionnaire

All new and returning coaches must fill this form out. In addition, new coaches must fill out a [General Authorization/Release Form](#). Please return all forms to the Parks & Recreation Department **by October 19 for grades 3-8 and November 9 for grades 1-2.**

First Name:  Last Name:

Home Phone:  Cell Phone:

Address:

City:  State:  Zip:

Email Address:

- I have coached in the past and will be returning to coach.
- I am a new coach interested in coaching a team.

Please check the division you would like to coach:	
Dunkers Clinic, Boys (1 <sup>st</sup> -2nd)	<input type="checkbox"/>
Dunkers Clinic, Girls (1 <sup>st</sup> -2nd)	<input type="checkbox"/>
Junior Boys (3rd - 4th)	<input type="checkbox"/>
Junior Girls (3rd - 5th)	<input type="checkbox"/>
Intermediate Boys (5th - 6th)	<input type="checkbox"/>
Senior Boys (7th - 8th)	<input type="checkbox"/>
Senior Girls (6th - 8th)	<input type="checkbox"/>
<b>Coaches T-shirt size:</b>	