

Director: Jerry West – jwest@nelsoncounty.org
Recreation Specialist: Jacob Floyd – jfloyd@nelsoncounty.org

recreation@nelsoncounty.org

(434)263-7130

The Nelson Center PO Box 442 Lovingston, VA 22949

Coaching Application

Name:				
Address:				
Street		City	State	Zip
Phone:	Email:			
Preferred Sport(s) To Coach:				
Desired Age Group(s):				
Child(ren) Participating: If no children, please indicate "N				
Have you played this sport?	Yes No			
If so, highest level:				
Have you had formal training a	s a Coach: Yes N	lo		
If Yes, please describe Example: NAYS, NFHS, I		g Courses, Etc.		
Once selected to coach by Nelso background check conducted by will be sent to you once selected	the "National Center fo			
Please contact Nelson County Parks and Recreation regarding any questions you may have about coaching youth sports through NCPR or about the application process.				
 I will submit a thorough I will provide an optima I will treat all players, p I will demonstrate and 	Nelson County Parks an background check con I experience for my tea arents, NCPR staff and condel sportsmanship for	d Recreation philosophy, r ducted by NCSI. m in a developmentally ap others involved with respe or my team and all league of e physical, social and emot	propriate training a ct and equality. members.	
Signature:			ate:	
Ple	ase submit completed	Coaching Application to NO	CPR:	

Email: recreation@nelsoncounty

Drop Off: The Nelson Center – 8445 Thomas Nelson Hwy, Lovingston, VA 22949

Mail: PO Box 442, Lovingston, VA 22949