COACHING APPLICATION FORM

Name:_____
First Middle Last

Address:_____
City Zip

Phone:_____
Home Work Cell

E-Mail Address: _____ Date of Birth: _____/_____/_____
MM DD YY

Employer: _____ ODL #: _____

Previous coaching experience:_____

_____

Coaching assignment requested: Boys / Girls: _____ Skill level: _____ School: _____.

Do you have a child in the program? Boys _____ Girls _____ Grade: _____ N/A: _____

Have you ever been convicted of a crime? Yes_____ No_____ (If Yes, attach complete explanation.)

Have you ever participated in a court diversion program relating to anger management or child or sexual abuse? Yes_____ No_____ (If yes, attach complete explanation.)

Have you been convicted of any alcohol related offenses of any kind in the last three years? Yes_____ No_____ (If yes, attach complete explanation.)

REFERENCES

Name _____ Name _____

Address_____ Address_____

Phone _____ Phone _____

COACHES CODE OF HONOR

I promise upon my word of honor to help create an environment in which primary emphasis is placed upon the emotional and physical well being of all SKYBALL athletes. I will lead by example and will demonstrate the value of fair play and sportsmanship to all participants. I agree to be bound by all of the game and operational rules of the SKYBALL program as well as the SKYBALL policies and goals.

I affirm that I have responded to all questions in this Registration form truthfully. I understand that failure to respond accurately, completely, and truthfully will result in my not being considered for a coaching assignment, and/or that any coaching assignment previously awarded will be forfeited. I authorize SKYBALL to obtain court and criminal records to verify the information contained in this coaching application and to determine suitability for coaching a youth sports team.

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