

COACHES APPLICATION

Name:	Phone #
Address:	
City, State, Zip	
Email address:	Date of Birth:
*NAYS Coaching Training #:	Drivers License #:

*Georgia Football Association Requires you to complete the modules for Coaching Youth Sports, Football & Concussion Protocol.

Have you ever been convicted of a felony? NO YES

Are you a returning coach? NO YES

Please check which position you are applying for: Head Coach Assistant Coach

Please check which squad you are applying for:

K/1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 7/8th Grade

Do you have children that are participating in the program? NO YES

Name _____ Age _____ Date of Birth _____

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Please describe your past coaching experience (level, number of years, etc.)

What is your general coaching philosophy for coaching a recreational youth football team?

Describe your coaching objectives for the season.

Please provide two references:

Name _____ Relationship _____ Phone _____

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I hereby give Sharon Springs Youth Football, Inc. my permission to perform a background check. Sharon Springs Youth Football & Cheerleading Association (SSYFCA), also has the right to review information from any Source(s) reporting criminal and/or child related offenses and I understand that coaching positions are contingent upon the results of the background check(s). I understand SSYFCA requires I hold certifications from USA Football. I understand that I must attend any mandatory coach's clinics/meetings as required by SSYFCA in cooperation with Georgia Football Association, and USA Football. Failure to provide certifying documentation or absence from mandatory clinics/meetings can affect my eligibility to coach this season. If selected as a coach, I hereby grant SSYFCA permission to display my photograph and name on any and all SSYFCA publications. I understand that I am functioning as a volunteer for SSYFCA and will not receive compensation, monetarily or otherwise. I also understand that I am subject to all SSYFCA bylaws and standard operating procedures including meeting the minimum volunteer requirements to be a coach. The receipt of this application does in no manner imply a contractual obligation by SSYFCA. Being selected as a volunteer coach for SSYFCA does not affect an individuals' standing within SSYFCA.

I will do my best to contribute to creating an environment of discipline, self-respect and success to aid in the academic, athletic and social success of the student-athletes who participate in the program. I will use the educational power of youth football to help the children of Forsyth County and its surrounding towns to reach their highest potential.

I agree that if I am selected to coach a team:

- I will attend all coaches meetings or send a representative.
- I will read, understand and abide by all league rules and the Forsyth County Parks & Recreation Department's Youth Athletic Philosophy, Code of Conduct and Volunteer Services Program Policy.
- I will be responsible for the return of all equipment and coaches badges.
- I will be responsible for my team's and coach's conduct on the field/court.
- I will be responsible for my teams' parents conduct during a game.
- I will set a good example for the players and parents on my team.

I swear under penalty of perjury that all information provided on this application is accurate to the best of my knowledge:

Signature

Date

Name

**PLEASE COMPLETE AND RETURN TO:
SHARON SPRINGS YOUTH FOOTBALL & CHEERLEADING ASSOCIATION
SHARONSPRINGSFALCONS@GMAIL.COM**