

Charlton-Dudley Youth Football and Cheer

P.O. Box 725 Charlton, Ma 01057

cdrams.com

cdyfcrams@gmail.com

Football & Cheerleading Coaching Application

Full Name: _____
Last First Middle

Address: _____

City: _____ State _____ Zip: _____

Phone #: _____ Email: _____

Coaching Experience: (attach a coaching resume listing number of years experience , level, dates, sponsoring organization, etc..)

Qualifications: (Please list any special certificates) _____

Football

Head Coach (21 yrs or older) []

Assistant Coach (18 yrs or older) []

Cheer

Head Coach (21 yrs or older) []

Assistant coach (18 yrs or older) []

Team (Circle one)

FOOTBALL	6U Flex	8U	9U	10U	11U	12U	13U
CHEER	U6	U8	U10	U12	U14	U16	

Head Coach Requirements

- Active Participation and attendance in all practices and games
- Active participation in all other CDYFC related activities
- Expected to work for the betterment of the program as a whole
- Capable of interfacing with children on a multi age level
- CPR and First Aid certificates
- Must attend mandatory coaching clinics
- Approved CORI report

I _____ agree to all terms above. Date: _____

Signature: _____

Assistant Coach Requirements

- Active Participation and attendance in all practices and games
- Active participation in all other CDYFC related activities
- Expected to work for the betterment of the program as a whole
- Capable of interfacing with children on a multi age level
- Sign and abide by the coaches code of conduct
- Must attend mandatory coaches clinics
- Approved CORI report

I _____ agree to all terms above. Date: _____

Signature: _____

*Forms must be completed yearly No exceptions

SUBJECT INFORMATION (Red asterisk * denotes required field)

Last Name * First Name * Middle Name Suffix

Maiden Name (or other name(s) of which you have been known)

Date of birth * Place of birth

Last six digits of social security number* - _____

Sex _____ Height _____ ft _____ in Eye Color _____ Race _____

Drivers License _____ State of Issue _____

Current and Former address

Street Name and Number City State Zip

Street Name and Number City State Zip

Verified By: _____
 Printed name of official

Signature of Official: _____