

KATY YOUTH FOOTBALL

2010 COACHING APPLICATION

K 7

Football

Select One: <input type="checkbox"/> New Coach	Select One: <input type="checkbox"/> Returning Coach*	Select One: <input type="checkbox"/> Head Coach	Select One: <input type="checkbox"/> Assistant Coach
*If returning, what team did you coach in 2009?		What Division?	

Applicant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Subdivision: _____ Occupation: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Reason You Wish To Coach: _____

Do You Have a Child Participating in KYF: Yes No If Yes, what team/division? _____

Child's Name: _____ Grade: _____ Age: _____ School: _____

Child's Name: _____ Grade: _____ Age: _____ School: _____

Child's Name: _____ Grade: _____ Age: _____ School: _____

Past experience and background information

(include any playing or coaching experience and dates of same)

Would you be interested in participating in a Coach's Certification Program? Yes No

I understand that each team needs a sponsor and I agree to encourage and support all Katy Youth Football League fundraising activities.

I understand and will support the rules of conduct of the Katy Youth Football League and will actively encourage and promote good sportsmanship on my team and among my parents and spectators at each practice and game.

Signature: _____ Date: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

******Please note that you will be required to complete a Background Check Form******