

KATY YOUTH FOOTBALL

2011 COACHING APPLICATION

CHEER

Select One: New Coach Returning Coach* Select One: Head Coach Assistant Coach

*If returning, what team did you coach in 2010?		What Division?	
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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: _____ T-Shirt Size: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

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

**RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION
KATY YOUTH FOOTBALL
Cheer Coaches**

To ensure the safety of all participants of the Katy Youth Football Association, there will be a criminal background investigation performed on all adult participants that will have regular contact with the children (which includes for Football the head coach and two assistant coaches). For Cheer: head coach or co-coaches only.

The investigation will include, but is not limited to, county criminal history, State-wide criminal history, and sex offender registrations information.

TEAM NAME _____ Circle the Division JF F PW R JV V SV

Circle One Head Coach Assistant Coach

Full Legal Name _____

Maiden Name or other Names used _____

Social Security Number _____ (for ID purposes only)

Date of Birth _____ (for ID purposes only)

Please check one:

_____ **I have been charged with a crime involving violence, assault, or crimes of a sexual nature.**

Explanation _____

_____ **I have never been charged with a crime involving violence, assault, or crimes of a sexual nature.**

I _____ hereby authorize, without reservation, the above named organization and the directors, officers, employees, and agents of the foregoing, and any party of agency contracted by above named organization and their directors, officers, employees, and agents, to contact law enforcement agencies, government agencies, and state level agencies to provide any information concerning my background and to furnish the above listed information and to release and hold harmless all parties involved for any errors and/or omissions with regard to information reported. I understand that any errors and/or omissions will be investigated thoroughly until resolved. This authorization and consent shall be valid in original, fax or copy form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Printed Name _____

Signature _____

Date _____