



SHARPSBURG YOUTH FOOTBALL ASSOCIATION COACHES APPLICATION FORM

Personal Information:

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Ext: _____

Cell: _____ Email: _____ @ _____

Children in League:

Child's Name (Last, First)	Age	Football/Cheerleading	Level			
			Pony 5-6	Colt 7-8	Mustang 9-10	Stallion 11-12

Coaching Preferences:

Circle Position Desired	If Asst. Coach is selected at left, please specify name of Head Coach below.	Circle Level & Sport			
Head Coach		Pony	Colt	Mustang	Stallion
Assistant Coach		Football	Cheerleading		

Coaching Experience: _____

Are you CPR/First Aid Certified? Yes _____ No _____ If yes, please attach a copy of your certification.

Have you ever been convicted of a felony or any crime involving violence or abuse? Yes _____ No _____ If yes, please provide details.

What are your reasons for wanting to coach? _____

By signing this application I, the undersigned:

- Agree to uphold the SYFA Constitution, By-Laws and Coaches Creed as well as follow all decisions of the SYFA Board.
- Understand and agree that the SYFA reserves the right to dismiss a coach at any time that is in violation of any By-Laws.

Signature: _____ Date: _____