

Coaches Application

Name _____ Shirt Size _____

Address _____

Employer _____

Phone-(Home) _____ (Cell) _____

E-mail _____

Head Coach _____ OR Assistant Coach _____

All applicants will be subjected to a comprehensive background check

CHECK WHICH TEAM YOU WOULD LIKE TO COACH

Baseball____ Age group:
Softball____ Age group:
T-Ball____ Age group:
Football____ Age group:
Basketball____ Age group:
Cheerleading____ Age group:
Soccer____ Age group:

This is a coach's application. This application does not guarantee that you will receive a team to coach. The final decision will be made by DCRD. If selected, you will be notified and told where and when you will start your coaching duties.

I, the undersigned, understand that if I am selected as a coach, I will be governed and will follow the rules and policies of DCRD.

Signature _____ Date _____