Take your game to new H.E.I.G.H.T.S. by: Headily Envisioning & Initiating Goals Highlighted Thru Soccer!

COACHING APPLICATION FORM

Name: _____
First **Middle** **Last**

Address: _____
City **Zip**

Phone: _____
Home **Work** **Cell**

E-Mail Address: _____ **Date of Birth:** _____

Employer's Name & Address: _____

Previous coaching experience: _____

Coaching assignment requested: Boys / Girls: _____ **Skill level:** _____

Do you have a child in the program? Boys _____ Girls _____ Grade: _____ N/A:____

Have you ever been convicted of a crime? Yes_____ No_____ (If Yes, attach complete explanation.)

Have you ever participated in a court diversion program relating to anger management or child or sexual abuse? Yes_____ No_____ (If yes, attach complete explanation.)

Have you been convicted of any substance abuse whether it is alcohol, drugs or the like related offenses of any kind in the last three years? Yes_____ No_____ (If yes, attach complete explanation.)

REFERENCES

Name _____ Name _____
Address _____ Address_____
Phone _____ Phone_____

COACHES CODE OF HONOR

I promise upon my word of honor to help create an environment in which primary emphasis is placed upon the emotional and physical well being of all SkyKicks athletes. I will lead by example and will demonstrate the value of fair play and sportsmanship to all participants. I agree to be bound by all of the game and operational rules of the SkyKicks program as well as the SkyKicks policies and goals. I affirm that I have responded to all questions in this Registration form truthfully. I understand that failure to respond accurately, completely, and truthfully will result in my not being considered for a coaching assignment, and/or that any coaching assignment previously awarded will be forfeited. I authorize SkyKicks to obtain court and criminal records to verify the information contained in this coaching application and to determine suitability for coaching a youth sports team.

Coach's Signature/Date: _____