



COACHES APPLICATION

Please Print

Name:	Home Phone:
Home Address:	Work Phone:
Employed by:	Cellular Phone:
Driver's License:	Sex: M F
Social Security :	Date of Birth:
I would prefer calls to be made to my: (Circle all that apply) Home Work Cellular	

Read and Sign

In accepting the responsibility of coach or assistant coach of any Andrews County Youth Recreation Center youth team, I hereby pledge to conduct myself in an exemplary manner, to honor the Youth Sports Coaches Code of Ethics, to abide by the rules of the league, and to promote good sportsmanship and clean play in all phases of the program.

I will try my best to attend all coaches meetings. I will also try my best to attend all training sessions or seminars that the Andrews County Youth Recreation Center may hold or recommend so that I may become a better coach.

I will personally be responsible for all coaching equipment issued and will be responsible for its return to the Andrews County Youth Recreation Center.

I understand that due to the nature of the work it is necessary to verify all information provided by each applicant. I grant permission for any investigative agency to verify any or all of the information herein stated and conduct a check on my driving and criminal history. I realize that falsification or misleading information can be grounds for dismissal or prevention of coaching or sponsoring for Andrews County Youth Recreation Center.

Signature

Date

This application is valid for five years from the date signed. To continue coaching for the ACYRC you must complete a new application every five years.