



Coaches Application



Winter Youth Basketball League 2010-2011

Please complete and return this form to the Athletics Office if you are interested in being a coach for this league.

PLEASE PRINT

Name: (First) _____ (Middle) _____ (Last) _____

Age: _____ Birth Date: ____/____/____ Drivers License #: _____ SS #: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____ Work Phone: _____

Employer: _____ Occupation: _____

All head coaches and assistant coaches will be required to attend a certification clinic.

Will you attend? Yes _____ No _____

Every coach will be subjected to a background check.

Do you have a problem with a background check? Yes _____ No _____

Have you attended a coaching clinic? Yes _____ No _____ If so, what level of certification? _____

Did you coach last year for our league? _____

List basketball or other youth coaching experience: _____

A coach may protect **only one player**, unless the coach has two children in the same division.

Is there a player you would like to coach? Yes _____ No _____

(All coaches must protect their son or daughter, if applicable.)

Name of child (first and last name): _____ Age of child: _____

Some age groups may be changed, depending on registration in each group.

AGE GROUP PREFERRED:	Beginners (6, 7)	Boys _____	Girls _____ (6, 7 & 8)
	Preps (8, 9)	Boys _____	Girls _____
	Minors (10, 11)	Boys _____	Girls _____ (9, 10, & 11)
	Juniors (12, 13)	Boys _____	Girls _____
	Seniors (14 & Up)	Boys _____	Girls _____ (12 & Up)

If I am picked to be a coach in the City of Corpus Christi Parks & Recreation Department league, I will follow all rules, guidelines, and directions of the League as administered by the City's Athletics Program. Failure to obey the rules or guidelines will result in disciplinary action, up to being dismissed as a coach by the Athletics Program.

Applicant's Signature: _____ Date: _____