

Central Coast Youth Football & Cheer
Coach and Team Parent Application
Please fill out completely

Name: _____
DOB: _____ Age: _____
Address: _____
City: _____ State: California Zip: _____
Email: _____ Phone: _____

Do you have a child participating in CCYFL? YES / NO If yes, please list child(ren).

Have you ever been convicted of a felony? YES / NO If yes, please provide year & conviction

Have you ever been convicted of any crime that would cause you to register under Section 290 of the Calif. Penal Code or Section 11590 of the Calif. Health and Safety code? YES / NO
If yes, please explain: _____

Do you currently hold a CPR or First Aid Card? YES / NO Expiration Date? _____

Head Coach responsibilities include, but are not limited to: attending coaching meetings / training, attend and participate in player draft (if necessary), organize and attend team practice sessions (6-8 hrs/week).

What position are you applying for: Division: _____
Head Coach _____
Team Parent _____
Asst. Coach _____
Cheer Coach _____

Have you ever coached football or cheer for any chapter within CCYFL? YES / NO
Division(s) _____ Year(s) _____
Team(s) _____ Chapter(s) _____

Have you ever played organized football or participated on a organized cheer squad? YES / NO
If yes, what level? How many years? _____

Please list any coaching positions you have held, for all youth sports/programs. (Sport/position/age group/yrs)

Personal References: Please list three (3) people, not related to you. Name/Address/Phone/Email

I understand that:

The information I have provide may be verified, if necessary, by contacting persons or organizations named in this application OR by contacting any person or organization that may have information concerning me. I hereby release, and agree to hold harmless from liability, any person or organization that provides information. I also agree to hold harmless the board members and officers of both the local chapter and CCYFL.

In signing this application, I affirm that the information provide is true and correct. I understand that providing false information may result in the removal of my coaching / volunteer privileges.

This is an application only. All coaching positions are subject to the approval of the local chapter board of directors and the CCYFL board of directors. Upon approval, I shall abide by all rules and regulations, as set forth, by the local chapter and by CCYFL. I understand that I may be required to attend coaches meetings, board meetings and training sessions. I further understand I must meet other requirements as set by the local chapter board or directors and the CCYFL board of directors.

I have read and signed the CCYFL Coaches Ethics Pledge. I agree to follow all rules and ethics, as set forth, by CCYFL and the local chapter.

I understand that I am responsible for my teams gear and that if it is not turned in by the required date, I may be fined and lose my coaching privileges.

I agree to participate in the local chapter and CCYFL fundraising efforts, in support of our youth.

All volunteers within the CCYFL organization must submit to a Live Scan background check. A These results are strictly confidential. Additionally, all volunteers will be checked against the Megan's Law Registry. Failure to submit to a Live Scan by the deadline given will result in a loss of volunteer / coaching privileges.

CCYFL rules require all coaches / team parents to wear a photo ID badge when on the game field.

By signing below I agree to all the above, to be photographed and to submit to a background check via the Live Scan process.

Signed: _____ Date: _____

For Local Chapter Use Only:

Approved: _____ Not Approved: _____

Coaches Ethics: _____ Coaches Test: _____

For CCYFL Use Only:

Live Scan Completed (date): _____ Badge Issued (date): _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AI 117
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Volunteer
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Central Coast Youth Football League
Agency Authorized to Receive Criminal Record Information

19112
Mail Code (five-digit code assigned by DOJ)

P.O. Box 411
Street Address or P.O. Box

Grace Ortiz
Contact Name (mandatory for all school submissions)

San Luis Obispo CA 93401
City State ZIP Code

(805) 598-2806
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: PC Youth Football League
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed

CENTRAL COAST YOUTH FOOTBALL LEAGUE

Coaches Ethics Pledge

- 1) S/he will not criticize players in front of non-team members, but reserve constructive criticism for a time when it can be done in the presence of and for the benefit of the whole team.
- 2) S/he will accept the decisions of the officials on the field as being fair and impartial and acknowledge that the judgment of the official or officials is final.
- 3) S/he will not criticize the officials, opposing team players, opposing player's parents, coaches or fans by word of mouth, gesture or print. He shall reserve all controversy or disputes of league rules for league meetings when it is appropriate to do so.
- 4) S/he will emphasize to his athletes the importance of academics as well as the significance of keeping physically fit and mentally alert.
- 5) S/he will strive to make every football activity serve as a training ground for life, and as a foundation for maintaining good mental and physical health.
- 6) S/he will emphasize that winning a game is the result of individual effort and teamwork.
- 7) S/he will not use abusive, profane, or vulgar language in front of, or directed toward anyone connected with, or a spectator of the game.
- 8) S/he will not "pile it on" as the phrase is used when his team gets a commanding lead or demonstrates his team's ability to score at will.
- 9) S/he will not be on the playing field or at any team function under the influence of alcohol, dangerous or illegal drugs. Nor shall he use any form of tobacco (snuff).
- 10) S/he will set an example in personal conduct at all times
- 11) S/he will not interfere with or prevent medical examination/treatment for any injured player by the Field Emergency Medical Technician (EMT) or qualified medical personnel hired by the CCYFL. If a player is injured during a game, only the said Field Emergency Medical Technician (EMT) or qualified medical personnel may touch the player. If a player is injured during practice s/he shall remove from practice any participant when even slightly in doubt about his/her health, whether or not as a result of injury, until competent medical advice is available.
- 12) S/he must never attempt to discourage, run-off, or cut weaker players.

I agree to follow these ethic guidelines and all of the other rules of CCYFL and fully understand the consequences for the violations and by not following the guidelines and other rules will result in disciplinary actions.

Date _____ Signed: _____ Print Name: _____

White copy for Chapter - Yellow copy to CCYFL