

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 _____ Asst. Coach _____
Team Parent _____ Cheer Coach _____

Have you ever coached football or cheer for any chapter within CCYFL?
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. 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): _____