

# WEST BABYLON CHEERLEADING ASSOCIATION

## 2021 CHEER REGISTRATION APPLICATION

This application **MUST** be completed and handed in by **June 1, 2021** for all applicants interested in applying for **Cheerleading Team Parent or Cheerleading Coach**.

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Sex:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

State:  \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_

Cell Telephone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Position Interested In:

Cheer Coach

Cheer Team Parent

Have you been involved in the WBCA?

No

Yes - age level? \_\_\_\_\_

How many years? \_\_\_\_\_

Do you have any previous coaching or volunteer experience?

No Yes, please explain (where, when,

duties, etc.): \_\_\_\_\_

What age/age level would you like to coach and why? \_\_\_\_\_

Do you have any children involved in the WBCA?  No  Yes, name(s): \_\_\_\_\_

Have you ever cheered before?  No  Yes, when: \_\_\_\_\_

I would like to become a Volunteer with the WBCA. The WBCA Board Members must approve my application. If accepted, I understand that this is a privilege, which may be terminated at any time with due cause, by the WBCA. I agree at all times to uphold the policies, principles and code of conduct of the WBCA. I have read the above and understand my responsibility as a volunteer and recognize that I may or may not be chosen this season. Under penalty of perjury the information entered on this application is true and correct.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **ADULT BACKGROUND CHECK (MUST BE COMPLETED FOR ALL APPLICANTS 18 YEARS AND OLDER)**

#### **HAVE YOU EVER BEEN ARRESTED FOR ANY REASON?**

If yes, was the arrest for any sexual offense, a violence-related offense,

Yes

No

Including, but not limited to, assault, harassment, menacing, etc.?

Yes

No

Have you ever been a respondent in Family Court?

Yes

No

If yes, to any of the above questions, please explain: \_\_\_\_\_

I understand that a criminal records check, including sealed records, will be conducted along with a New York State Sexual Offender Registry check. **I have read the foregoing statement and all of the above information is true.** I authorize the WBCA to investigate and verify any information on this application. **If it is determined by the WBCA that ANY information completed on this form by me is incorrect, misleading, withheld, or falsely represented the WBCA has the authority to disqualify my application at any time without further review.**

Applicant's Signature: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ This \_\_\_\_ day of \_\_\_\_\_ 2021