



2006 Football & Cheerleading Coaches Application

Please Print

Name: _____ Date of Birth _____

Last Middle First

Address: _____ Home Phone: _____

Street City Zip

Occupation _____ Work Phone: _____

Coaching Experience: _____

Reasons you would like to coach: _____

E:MAIL Address: _____

Age Group Preferred _____ Child Participating _____ Football _____ Cheerleading _____

Are you able to devote three nights a week and Saturdays? YES _____ NO _____

Are you willing to coach a team where your child is not participating? YES _____ NO _____

By completing and signing this application, I agree to abide by Capital City Bearcat athletic policies, procedures, rules and regulations. In addition, I acknowledge that I may not represent the Capital City Bearcats or enter into any transaction in the name of the Capital City Bearcats without the express written consent of the Capital City Bearcats Board of Directors. If I do represent or enter into any transaction in the name of the Capital City Bearcats without the express written consent of the Capital City Bearcats Board of Directors, I will accept and bear full financial and or criminal responsibilities for such actions and will not hold Capital City Bearcats Board of Directors liable.

Signature _____ Date: _____

MINIMUM AGE REQUIREMENTS: HEAD COACH = 21 YEARS* Assistant= 18 years

* Head Coach for Flag may be 18 years of age and up*

FOR BOARD USE ONLY: APPROVED AS A HEAD COACH _____ ASSISTANT COACH _____

TEAM ASSISTANT _____ LEVEL _____ DIVISION _____

Director of Coaches _____ Date: _____ President _____

Cheerleading Coordinator _____ Date: _____ President _____