



North Family Ministries

Upward Cheerleading

Coach Application

SECTION 1

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ (cell) _____

Email Address _____

Are you a member of a local church? Yes No If yes, where? _____

Gender: M F Date of Birth month ___ Day ___

SECTION 2 (please circle)

1. Circle the age group you prefer to coach.

- League
- 1ST and 2nd Grade
- 3rd and 4th Grade
- 5th and 6th Grade

2. What is your preferred practice day? M T Thur.

3. What is your preferred practice time? 5:30 6:30 7:30

4. What is your shirt size? **WOMEN:** S M L XL XXL XXXL

5. Please list your children who will be playing or cheerleading in this year's Upward league, if applicable.

Child's Name	Grade	Gender	Sport	I plan to coach my child's team	
_____	_____	M F	basketball cheerleading	Yes	No
_____	_____	M F	basketball cheerleading	Yes	No
_____	_____	M F	basketball cheerleading	Yes	No

6. Have you ever coached Upward Cheerleading before? Yes No

7. Have you ever coached Upward Basketball before? Yes No

8. Have you made a personal commitment to Jesus Christ? Yes No

Please share a little about your relationship with Jesus. (Feel free to use the back of this application if you need more room.)

9. Do you know of someone who might be interested in coaching Upward Cheerleading this year?

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

10. Please circle which Coach Training Conference you will attend:

Session I :: Date: _____ Time: _____ OR Session II :: Date: _____ Time: _____

11. Which orientation will you attend? Date: _____ Time: _____ Date: _____ Time: _____

I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc) may have a negative affect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

Coach Signature _____ Date _____

Personal References

(No former employers or relatives)

Name _____ City _____ State ____ Phone _____

Name _____ City _____ State ____ Phone _____

Name _____ City _____ State ____ Phone _____

Have you ever been involved, charged, fined or convicted of a violation or a vehicle accident within the last five years? If so, please describe all charges, fines and convictions. _____

During your lifetime, have you ever been accused, convicted or pleaded guilty of child molestation, child abuse, assault, lewdness or sex offenses of any nature? If so, please explain the nature of the accusations, charge, and or conviction. _____

Have you ever been accused, convicted or plead guilty to a crime? If so, please explain. _____

Have you ever received treatment (medication, counseling, hospitalization) for a mental or emotional disorder? If so, please describe. _____
