



Coaches Information Sheet

Name: _____

Address: _____

City: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Birth Date: _____

Can you receive texts? Yes No

Best time to contact you during the day? _____ Cell or Home

Home Church: _____

Is this the first year you have coached at First Friends? Yes No

Name of Coaching Partners

Name: _____ Have they coached before? Yes No

Name: _____ Have they coached before? Yes No

What league/division do you plan to coach? _____

Shirt Size (Adult) S M L XL 2XL 3XL

Please put an (X) through any day and indicate time you CAN NOT practice.

Monday	Tuesday	Wednesday	Thursday	Friday

Requirements:

Lindsay's Law Required Coaches Video

Background Check

Ohio Youth Concussion Training

Coaches Code of Conduct

Commitment to League Rules

Under 18 Background Check

Sexual Abuse Policy

Coaches Information Sheet

Lindsay Law Handout