



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

_____ Coaches Code of Conduct

_____ Under 18 Background Check

_____ Coaches Information Sheet

_____ Ohio Youth Concussion Training

_____ Commitment to League Rules

_____ Sexual Abuse Policy

_____ Lindsay Law Handout