



COACHING APPLICATION FORM

DATE: _____

NAME: _____

HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____

CITY: _____

WORK PHONE: _____

E-MAIL: _____

DATE OF BIRTH: _____

USA FOOTBALL CERTIFICATION

MEMBERSHIP #:

(IF APPLICABLE)

YOUTH SPORTS NEW YORK

CERTIFICATION MEMBERSHIP #:

(IF APPLICABLE)

WHICH SPORT ARE YOU INTERESTED IN COACHING?

FOOTBALL

CHEERLEADING

ARE YOU A RETURNING COACH FROM LAST SEASON?

YES

NO

IF YES, WHICH TEAM? _____

PLEASE CHECK WHICH ROLE YOU ARE APPLYING FOR:

HEAD COACH

ASSISTANT COACH

PLEASE CHECK WHICH SQUAD YOU ARE APPLYING FOR:

FLAG (AGES 5-6)

C TEAM (AGES 7-8)

B TEAM (AGES 9-10)

A TEAM (AGES 11-13)

DO YOU HAVE CHILDREN WHO ARE PARTICIPATING?

NAME: _____ AGE: _____ DATE OF BIRTH: _____

NAME: _____ AGE: _____ DATE OF BIRTH: _____

NAME: _____ AGE: _____ DATE OF BIRTH: _____

PLEASE DESCRIBE YOUR PAST COACHING EXPERIENCE (SPORT, LEVEL, ROLE, NUMBER OF YEARS, ETC):

PLEASE DESCRIBE YOUR PAST ATHLETIC EXPERIENCE (SPORT, LEVEL, POSITION, NUMBER OF YEARS, ETC):

WHAT IS YOUR COACHING PHILOSOPHY / COACHING MISSION?

PLEASE PROVIDE 3 PERSONAL REFERENCES:

NAME: _____ RELATION: _____ PHONE #: _____

NAME: _____ RELATION: _____ PHONE #: _____

NAME: _____ RELATION: _____ PHONE #: _____

BY SIGNING BELOW, I GIVE PERMISSION FOR A CRIMINAL BACKGROUND CHECK TO BE PERFORMED. I UNDERSTAND THE BACKGROUND CHECK MAY BE REQUESTED AND/OR PERFORMED BY THE AYFCL, THE AYFCL'S ATTORNEYS OR INSURANCE PROVIDERS.

SIGNATURE: _____ DATE: _____



COACHES CONTRACT

I agree to the following terms of my appointment as a head/assistant coach (circle one) for the Irondequoit Junior Eagles Youth Football and Cheer Organization:

1. I understand, subscribe to and will promote the goals of the American Youth Football and Cheerleading League (“AYFCL”), which emphasizes participation and sportsmanship over competition and winning.
2. I agree to abide by all the rules set forth by the AYFCL as contained in its rule book and any future rule it may establish by its governing body.
3. I agree to abide by all additional rules set forth by the Irondequoit Junior Eagles Football and Cheer organization’s Board of Directors. I understand that I will be provided a copy of the Coach Code of Conduct in writing. I further understand and agree that in the event of a disagreement over any rule interpretation, the decision of the Irondequoit Junior Eagles Executive Board or its designee will be final and binding.
4. I agree to submit to a confidential criminal background check. No member of the Board of Directors of the Irondequoit Junior Eagles shall be violating my privacy rights in any manner in requesting and obtaining information and I hereby release all such parties from any liability whatsoever in connection with such background check.
5. I understand and agree that head coaches must be interviewed annually with the Board of Directors for their positions and all nominees for assistant coaches must be approved by the Irondequoit Junior Eagles Board of Directors.
6. I understand and agree that I may be suspended by the President of the Irondequoit Junior Eagles Board or a designee at any time in the best interest of the Program. This suspension will remain in effect until the matter precipitating the suspension is heard by the Board. A meeting will be convened no longer than ten (10) days after the suspension. I understand that I will be afforded due process guarantees during the hearing process.
7. As a head coach, I understand and agree that I am an important and valuable member of the Irondequoit Junior Eagles, and I will contribute to the goals of the organization in a positive and responsible manner.
8. I understand and agree that this contract is in effect for one season and must be renewed by the Board each year.

President’s Signature – Irondequoit Jr. Eagles

Coach Applicant Signature

President’s Name (printed)

Coach Application Name (printed)

Date

Date

***Please email to:
secretary@irondequoitjunioreagles.org
or mail to:
Irondequoit Junior Eagles
PO Box 77059
Rochester, NY 14617***