

LEEDS YOUTH BASKETBALL COACHES APPLICATION

Coaches Application

This form must be completed before any coach will be allowed to participate in practice or games.

NAME _____ DATE OF BIRTH _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL _____

EMPLOYER _____ ADDRESS _____

TYPE OF BUSINTSS _____ OCCUPATION _____

PROSPECTIVE COACH'S PERSONAL PLAYING EXPERIENCE:

Basketball Yes___ No___ Positions Played _____ Age Played _____

Baseball/Softball Yes___ No___ Positions Played _____ Age Played _____

Football Yes___ No___ Positions Played _____ Age Played _____

Other Yes___ No___ Positions Played _____ Age Played _____

PROSPECTWE COACH'S PERSONAL COACHING EXPERIENCE:

Basketball. No. Years___ Boys ___ Girls___ Team Age Group _____

Baseball/Softball No. Years___ Boys ___ Girls___ Team Age Group _____

Football No. Years___ Boys ___ Girls___ Team Age Group _____

Other No. Years___ Boys ___ Girls___ Team Age Group _____

Have you ever coached a boy's or girl's all-star tournament team? Yes___ No___ Age___ Yrs___

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Coaching Position Preferred: Head Coach_____Asst. Coach_____ Other_____

Indicate the age groups you would be interested in coaching: Age_____ Boys_____ Girls_____

PROSPECTIVE COACH'S PREVIOUS CONDUCT:

Have you ever been convicted of a. felony? Yes_____ No_____

Have you ever been involved in a problem I disturbance while coaching? Yes_____ What Year?_____ No_____

What Sports Association were you a member of at the time of the problem/disturbance?

What was the nature of the problem/disturbance?

Was the problem/disturbance serious enough that the Association took disciplinary action against you? Yes_____ No_____ If yes, describe

Have you ever abused alcohol, or drugs of any type? Yes_____No_____

As a coach have you ever been accused of questionable physical conduct with a player? Yes_____ No_____

LEEDS YOUTH BASKETBALL ASSOCIATION EXPECTATIONS FOR COACHES:

1. To promote and display sportsmanship at all limes.
2. To make the safety of the player and coaches top priority.
3. To aid and assist in. the character development of the children (physical, mentally, morally and spiritually).
4. To refrain from. physical, mental or verbal abuse of any coach, umpire, player, or parent while at any function associated. with. Leeds Youth Basketball.
5. To be personally responsible for the equipment issued to you and insure it is returned at the end of the season.

By completing this application to be a coach, applicant understands and accepts Leeds Youth Sports, Inc. has instituted continuing education requirements and other coaching clinics in which participation is mandatory. Applicant also understands and agrees to abide by the by-laws and rules set forth by Leeds Youth Sports, Inc. Applicant also understands Leeds Youth Sports reserves the right to verify the information given on this form

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Signature: _____

Date: _____

Leeds Youth Basketball Board has approved this applicant as a coach for the 2004 season
YES _____ **NO** _____
BOARD PRESIDENT SIGNATURE: _____