

S.Y.A.A. COACHING/INSTRUCTOR APPLICATION

Football _____ Cheerleading _____

Name _____ DOB _____

Address _____ ss# _____

_____ email _____

_____ Shirt Size _____

HM Phone: _____ WK Phone: _____

Have you coached for SYAA before?
If yes please list previous experience(s):

| Year | Team | Position |
|-------|-------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list other experience either coaching or playing

| Organization | Year | Team | Position |
|--------------|-------|-------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Coaching preference (circle one) Varsity Junior Varsity
Division (circle one) Flywieght Mighty Mite Pee Wee Midget
Would you consider other positions other than your first preference? Yes No

Although it is not required, it is recommended that you have your assistant coaching staff selected prior to the elections. Please list the names of your assistant coaches.

I understand that SYAA is a non-profit organization that counts on me not only to coach/assist coach, but to support the organization in other activities to help make the season successful. I am willing to commit an obligation to attend 90% of the practices and games, including pre and post season and related coaches meetings. I authorize SYAA Football and Cheerleading to conduct a thorough back-ground investigation of my past activities, agree to cooperate in such and release from all liabilities or responsibility all person(s) and Corporation(s) requesting or supplying such information.

Signature

Date

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To be considered for a Head Coaches position the following questions must be answered

1. What is the most important part of being a head coach?

2. If not selected for a head coaches position will you consider being an assistant coach?

YES Or **NO**

3. What do you consider being the best quality you have to offer being the head coach of a youth football team?

4. Are you willing to commit to mandatory coaches clinics?

Yes OR No

Please rank the following in order of importance

| | |
|--------------------|--|
| Winning | |
| Fundamentals | |
| Playing time | |
| Strategy | |
| Parent Involvement | |

Please use this space to express anything not covered above that you feel should be considered when your application is evaluated by the Seminole Chiefs Football Board of Directors. Please limit to this space.

Signature: _____

Date: _____