



Application for New Cheerleading Coaches

Name: _____

Address: _____

Email: _____

Phone Number: day _____ evening _____

Shirt Size?

Women: S M L XL XXL XXXL

Preferred practice day? Monday Tuesday Wednesday Thursday Friday

Preferred practice time? 4pm 5pm 6pm 7pm 8pm

Mark which league your prefer to coach with a "C"

Division

Kindergarten - 2nd _____

3rd & 4th _____

5th & 6th _____

*Divisions may change depending on participant registration

Evaluations are November 4th in the TFNaz Gym. Circle which evaluation will you attend.

Kindergarten: 8am-10am 1st & 2nd: 10:30am - 12:30pm

3rd & 4th: 1:30pm - 3:30pm 5th & 6th: 4pm - 6pm

Please list your children who will be playing in this year's Upward Cheerleading league, if applicable.

| Child Name | Grade | Gender |
|------------|-------|--------|
| _____ | _____ | M F |
| _____ | _____ | M F |
| _____ | _____ | M F |

Have you made a personal commitment to Jesus Christ? Yes No

Please share a little about your relationship with Jesus. Use the back of the application if you need more room.

Mandatory Coaches Training will be November 7th in the TFNaz Gym from 7pm - 9pm. Childcare will be available.

I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc) may have a negative effect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

Coach Signature _____ Date _____