



# Coaches Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: day \_\_\_\_\_ evening \_\_\_\_\_

**Shirt Size?**

Women: S M L XL XXL XXXL

Preferred practice day? Monday Tuesday Thursday Friday

Preferred practice time? 5pm 6pm 7pm

**Mark which division you prefer to coach**

Kindergarten - 1st \_\_\_\_\_

2nd & 3rd \_\_\_\_\_

4th, 5th & 6th \_\_\_\_\_

\*Divisions may change depending on participant registration

**Evaluations are November 12th in the TFNaz Gym. We ask coaches to help with one of the following times. Circle which evaluation you can attend.**

Kindergarten & 1st: 8am-10am      2nd & 3rd: 10am - 12pm      4th, 5th & 6th: 2pm - 4pm

**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 Meeting will be December 10th in the TFNaz Gym from 2-4pm.**

**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 \_\_\_\_\_