



# Youth League Coach's Basketball Application

## SECTION 1

Name \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Do you know of someone who might be interested in coaching Upward Basketball this year?  
 1. Name \_\_\_\_\_ Phone \_\_\_\_\_ 3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 2. Name \_\_\_\_\_ Phone \_\_\_\_\_ 4. Name \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE PRINT VERY CLEARLY**

## SECTION 2

- What is your shirt size?  S  M  L  XL  XXL  XXXL
- Circle the best **TWO (2)** days for you **TO** practice: MON TUES THUR FRIDAY
- Circle the best **THREE (3)** times for you **TO** practice: 4:30, 5:15, 6:00, 6:45, 7:30, 8:15
- Please list your children who will be playing in this year's Upward League, if applicable.

<u>Child's name</u>	<u>Grade</u>	<u>Gender</u>	<u>I plan to coach my child's team</u>
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Mark which league you prefer to coach with "C."

<u>League</u>	<u>Boys</u>	<u>Girls</u>
3 <sup>rd</sup> & 4 <sup>th</sup> Grade	_____	_____
5 <sup>th</sup> & 6 <sup>th</sup> Grade	_____	_____
7 <sup>th</sup> & 8 <sup>th</sup> Grade	_____	_____
9 <sup>th</sup> & 10 <sup>th</sup> Grade	_____	_____

- Have you ever coached Upward Basketball before?  Yes  No
- Have you ever filled out a *fingerprint/background check form* for Upward Sports or First United Methodist Church?  Yes  No, If YES, when \_\_\_\_\_.
- Are you a member of a local church?  Yes  No If yes, where? \_\_\_\_\_
- Do you have any personal habits that might be stumbling blocks to a child's spiritual development? (Ex.: profanity, alcohol, or drug abuse)  Yes  No  
If "yes", please explain: \_\_\_\_\_
- Have you ever been convicted of a felony?  Yes  No If Yes, explain? \_\_\_\_\_
- Have you made a personal commitment to Jesus Christ?  Yes  No  Still working on it  
Please share a little about your relationship with Jesus. (Please use back of application, if needed)

\_\_\_\_\_  
 \_\_\_\_\_

**ALL INFORMATION IN THIS FORM IS CONFIDENTIAL**