



**CY-FAIR SPORTS ASSOCIATION
HEAD COACHING APPLICATION**

GENERAL INFORMATION (please write legibly)

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Name of Child whose team you want to coach _____

Name of school Child listed above attends _____ Relationship to child listed above _____

Sport/Division that you wish to coach (ex. 7U Baseball) _____

CFSA INVOLVEMENT – If you have volunteered any time for CFSA please note below

Position _____ Committee _____ Years _____

Position _____ Committee _____ Years _____

Position _____ Committee _____ Years _____

Other Volunteer Work _____

COACHING EXPERIENCE – Please list ANY coaching experience even if outside of CFSA

YEARS LEAGUE /SPORT / DIVISION(S) / TEAM

Head Coach _____ / _____

Assistant Coach _____ / _____

Other Coaching Experience _____ / _____

Has CFSA ever taken disciplinary action against you for any reason in any sport? Yes No

If yes, please explain: _____

All Head Coaches must be 18 years of age or older. All Head Coaching assignments are tentative pending completion of a criminal background check.

I HEREBY AGREE TO PROVIDE SUCH INFORMATION AS REQUESTED TO CONDUCT A CRIMINAL BACKGROUND CHECK THE RESULTS OF WHICH MAY BE CAUSE FOR DENYING THIS APPLICATION TO COACH OR REMOVAL FROM COACHING. I STATE THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO DISCLOSE ALL INFORMATION ACCURATELY MAY RESULT IN DENIAL OF THIS APPLICATION OR REMOVAL FROM COACHING. I HAVE READ AND UNDERSTAND THIS APPLICATION.

Signature: _____ **Date:** _____

Please FAX this application to the CFSA OFFICE – ATTN SECRETARY at (281) 970-8099