Trans Valley Youth Football League
Coaches Application

Member Team: Winton Cowboys

Date:

Applicant Name:

D.O.B.:

Address:

Phone:

Occupation:

SSN:

Sport	Where	Dates	Total Years of Experience

C.P.R. and First Aid Certification expiration date's- *must have practical training to be valid*
(Attach a copy of your card's. Internet class's not accepted. Must be valid through December of current season)

CPR: First Aid:

USAA training requirements complete? Yes

Date complete *(attach copy)*:

Have you ever been convicted of a crime? No

If Yes; You must explain on a separate page and attach

DOJ Fingerprint Completed? Yes

When?:

Where *(agency)*:

I understand I may be required to complete DOJ again based on lack of verification by TVYFL Yes

Do you have a child participating in TVYFL? No

If Yes, what team:

I hereby apply for the position of Assistant Coach Level Varsity Type Cheerleading

I have read and fully understand the league and team coaching playing rules as compiled and approved by the TVYFL Board of Directors, and WILL abide by them. I will strive to maintain the highest standards in every area and for teamwork at every level of the organization. I further certify the answers I have given to the above questions and throughout the documents for the TVYFL are true and correct. This application must be completely filled out with all questions answered. Any incomplete applications will not be accepted by the TVYFL. Any questions answered untruthfully will be grounds for immediate termination of affiliation with the TVYFL upon discovery.

**All Head Coaches are REQUIRED to coach the TVYFL All Star Game at the end of the season. Failure to do so without prior written consent from the TVYFL Executive Board is grounds for a 1 year suspension and/or removal from any future coaching positions with in the TVYFL.*

☐ I have read and agree to the above statements

Today's Date:

Coach must attach copy of Valid CDL and Vehicle Insurance to application

Coach Signature _____

Local Board Approved ( ) Denied ( ) Local Team President(signature) _____

Local Team President Name (printed) _____

TVYFL Board Approved ( ) Denied ( ) League President (J.Nixon) _____