

**St. Cecilia Athletic Program
Coaching Application Form
2008/2009**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Oldest Child's Name: _____

Coaching Preference:

Please choose your coaching preference by circling a letter in the appropriate box(es) in the chart below.

"C" = Head Coach;

"A" = Assistant Coach;

"E" = Either

	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8
Boy's Soccer	C A E	C A E	C A E	C A E	C A E	C A E
Boy's Basketball	C A E	C A E	C A E	C A E	C A E	C A E
Boy's Baseball	C A E	C A E	C A E	C A E	C A E	C A E
Girl's Volleyball	C A E	C A E	C A E	C A E	C A E	C A E
Girl's Soccer	C A E	C A E	C A E	C A E	C A E	C A E
Girl's Basketball	C A E	C A E	C A E	C A E	C A E	C A E
Track	C A E	C A E	C A E	C A E	C A E	C A E

Previous coaching experience:

Coaching clinics attended:

Meeting Archdiocese Requirements for Coaches:

- 1) Have you been fingerprinted (head coaches)? Yes or No
- 2) Have you completed the Background Check Form (assistant coaches)? Yes or No
- 3) Have you completed the "Recognizing, Reporting, and Preventing Child Abuse" training (available on-line at www.shieldthevulnerable.org)? Yes or No

X _____

Applicant signature and date

