

St. Catherine Coach Application for CYO Athletics

Name: _____ Date of birth: _____
Maiden Name and Date of Change: _____

Phone: _____ (home) _____ (work) _____ (cell)

Email address: _____ SS # _____

Address: _____
City/State/Zip: _____

Occupation: _____
Sport to be coached: _____

Have you had any previous playing experience in this sport? YES NO (circle one)
If yes, at what level, and how many years? _____
Have you had any previous coaching experience, and if so, what organization, sport and age of players?

Have you coached CYO sports before? YES NO
Have you worked with youth in any other programs besides sports? YES NO
If yes, list dates, ages and organizations: _____

Have you attended an Archdiocesan new coach's certification clinic? YES NO
(This is mandatory for coaches in CYO athletics. If you have not attended a clinic yet, please contact your athletic coordinator for dates and times.)

Have you ever been disciplined or dismissed by a parish or youth organization? YES NO
Have you ever been found guilty of or committed a crime? YES NO
If yes, please explain: _____

Do you agree to a Washington State Patrol background check for criminal record? YES NO
(Birthdate and full name required for this)

Are you certified in First Aid? _____ Are you certified in CPR? _____

I certify that the information I have provided is accurate and true. I will agree to abide by parish and league rules, the Code of Conduct and the directions of officials as a volunteer coach.

- I understand that to coach, I agree to:
1. be knowledgeable about the sport I wish to coach
 2. attend a CYO new coach's certification meeting and coach's clinic prior to onset of the season
 3. will attend to my team's safety
 4. provide a model of good sportsmanship for my team

Signature: _____ Date: _____

Signature: _____ Date: _____
(Athletic Director)