



UPWARD CHEERLEADING COACH APPLICATION

Section 1

Name _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (evening) _____ (cell) _____

Are you a member of a local church? ___Yes___No If yes, where _____

Gender ___Male___Female _____ Date of Birth ____/____/____

Section 2 (please circle)

1. Mark which age group you prefer to coach.

Division:

Kindergarten _____

1st Grade _____

2nd and 3rd Grade _____

4th and 5th Grade _____

6th-8th Grade _____

2. What is your preferred practice day? M T Th

3. What is your preferred practice time? 5pm 6pm 7pm 8pm

4. What is your shirt size? WOMEN: S M L XL XXL XXXL

5. Please list your children who will be playing or cheerleading in this years Upward league, if applicable.

Child's name	Grade	Gender	Sport	I plan to coach my child's team
_____	_____	M F	Basketball / Cheerleading	Yes No
_____	_____	M F	Basketball / Cheerleading	Yes No
_____	_____	M F	Basketball / Cheerleading	Yes No

6. Have you ever coached Upward Cheerleading before? Yes No

7. Have you ever coached Upward Basketball before? Yes No

8. Have you made a personal commitment to Jesus Christ? Yes No

Please share a little about your relationship with Jesus Christ (use the back if you need more room)

9. Do you know someone who may be interested in coaching Upward Cheerleading this year?

Name _____ Phone _____

Name _____ Phone _____

10. Please circle which Coach Training Conference you will attend:

Session 1: Date: _____ Time: _____ OR Session 2: Date: _____ Time: _____

11. Which evaluation will you attended? Date: _____ Time: _____ Date: _____ Time: _____

I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc) may have a negative affect on a child's spiritual development. Understanding that the children on my squad have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

COACH SIGNATURE _____ DATE: _____