Jr. Tackle Football Association Application For Head Coach/Assistant Coach

| Name: | Date Of Birth: | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Address: | | |
| Driver's License Number: | | Home Phone: |
| Grade Preferred: Secon | nd Choice: | Work Phone: |
| Would you be interested in being an assi | stant coach? Yes | No |
| Coaching experience and what organizat | · | olved with: |
| | | |
| I understand that the following duties and res fulfill each to the best of my abilities: | ponsibilities are assigned | to coaches by the Board of Directors and I agree to |
| I will be responsible for directing the tean responsible for appropriate behavior of the te association. | n during practices, at game am in public places, while | es, and all other functions the team is involved in. I will be in the uniform, or any time the team represents the |
| 2.) I will model appropriate behavior, e.g. be spectators. | courteous and display pos | sitive attitudes for my team, opposing teams, officials and |
| 3.) I will attend registration and be responsible | le for players | |
| 4.) I will be responsible for the team discipling | ne and safety | |
| 5.) I will promote and develop good sportsma | anship and team unity | |
| 6.) I will be responsible for all provided team | equipment and uniforms | |
| 7.) I will follow all approved Association rule | es and strive to become fa | miliar with the state of Idaho High School Football |
| Regulations. I will teach these rules to each to | eam member. | |
| 8.) I will be responsible to inform all team me | embers of all dates and tin | nes of team and Association functions. |
| 9.) I will be responsible to conduct a parent/c | coaches meeting, prior to the | he first game of the season. |
| 10.) I will void from using drugs, alcohol, and | d tobacco in the presence | of my team. |
| This agreement is subject to Board approval a confidential, background investigation prior | . In addition, my signature r to my approval for coach | e authorizes the Jr. Tackle Football Association to conducting. |
| You will be notified by the Association after | the Board meeting at which | ch the coaching position are filled. |
| Applicant's Signature: | | Date: |