

2024 Coaches Application Form

www.playfod.com E-mail nkfl1@aol.com

Application must be approved by Champions league prior to coaching in any league at FOD.

NAME: (please print) _____

EMAIL: _____

ADDRESS: _____

CITY: _____ State ZIP: _____

PHONE:(H) _____(W) _____(C) _____

**SOCIAL SECURITY NO.: XXXXXXXXXXXXXXXXXXXXXXXXXXXX **DATE OF BIRTH _____

COACHING POSITION DESIRED (circle one) HEAD ASSISTANT

Team Coaching 2024 _____ GRADE _____

COACHING EXPERIENCE:

If accepted as a coach with the Champions League I promise to uphold the rules, regulations and directives of the organization. Further, I understand and agree that:

1. All players must play a minimum of 12.plays per game.
2. Players over the ball-carrying weight must display helmet stickers.
3. Allowing an ineligible player to participate shall result in Head Coach suspension and game forfeiture.
4. Head Coaches are responsible for the conduct of their teams, assistant coaches, player parents and team supporters.
5. I am subject to a criminal background check and do hereby release and permit the Champions League to conduct the same.

I also understand that I am expected to have a thorough knowledge of the CURRENT YEAR of rules and the staff will not accept "I didn't know" when considering rule infraction.

In any previous coaching experience, have you ever been subject to discipline from the league?

Have you ever been convicted of a felony?

Are there any criminal prosecutions currently pending against you?

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

By signing below and providing my social security number and date of birth above, I authorize KVL to obtain information regarding myself in

order to be considered for a coaching position. This includes a national criminal background check and sex offender registry. **Applicants

refusing to provide this information in order for the background check to be conducted will not be allowed to coach in the Champions leagues.

Applicant's Signature _____ Date _____

BOARD ACTION (circle one): _____ Approved _____ Disapproved _____

CL Director Signature _____ Date _____