



# Upward Sports Coach and Referee Application

- YES, I plan to coach Upward Basketball.  YES, I plan to referee Upward Basketball.
- Yes, I plan to coach Upward Cheerleading

## Section 1

Full Legal Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_\_

Do you have a legal driver's license?  Yes  No If yes, your Driver's License #: \_\_\_\_\_

## Section 2 (please circle)

1. Mark which league you prefer to coach with a "C." Mark which league you prefer to officiate with an "O."

Division	Boys	Girls	Boys	Girls
K and 1st (Co-Ed)	_____	_____	4 <sup>th</sup> and 5 <sup>th</sup> Grade	_____
2 <sup>nd</sup> and 3 <sup>rd</sup> Grade	_____	_____	6 <sup>th</sup> - 8 <sup>th</sup> Grade	_____

2. What is your preferred practice day? M T TH F

3. What is your shirt size? Adult Male: S M L XL XXL XXXL Adult Female: S M L XL XXL XXXL

4. Please list your children who will be playing in this year's Upward Basketball league, if applicable.

Child's Name	Grade	Gender	I plan to coach my child's team	
_____	_____	M F	Yes	No
_____	_____	M F	Yes	No
_____	_____	M F	Yes	No

5. Have you ever coached/refereed Upward Basketball before? Yes No

6. Have you ever participated in any other recreation program? Yes No If yes, where? \_\_\_\_\_

7. Have you ever been refused participation in any other recreation program? Yes No If yes, explain below.

\_\_\_\_\_

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

Please share a little about your relationship with Jesus (use the back of this application if you need more room).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you attend a weekly worship service?  Yes  No If yes, where? \_\_\_\_\_

10. Do you know of someone who might be interested in coaching or refereeing Upward Basketball this year?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

11. Please circle which Coaches Training session you will attend (at Cool Spring Church): TENTATIVE DATES!!!

Tues, Nov 29, from 7:00 to 9:00 PM **OR** Thurs, Dec 1, from 7:00 to 9:00 PM **OR** Sat, Dec 3, from 9:00 to 11:00 AM

12. Please circle which Referee Training session you will attend (at Cool Spring Rec Center):

Sat, Jan 7, from 10:00 AM to 12:00 PM **OR** Sat, Jan 14, from 10:00 AM to 12:00 PM



The information contained in this application is correct to the best of my knowledge. I hereby authorize **Cool Spring Baptist Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; education background; character references; drug testing; review of sex offender registries, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Cool Spring Baptist Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**\*\*Cool Spring Baptist Church** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

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 team have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

Coach's and/or Referee's Signature \_\_\_\_\_ Date \_\_\_\_\_