

Fort Belvoir Youth Coach and Assistant Coach Application Form

Please Check: Tackle Football Cheer (Football)
 House Basketball Select Basketball Cheer (Basketball)
 Flag Football Soccer Wrestling
 Track & Field Little League Baseball Softball
Preference: Head Coach Assistant Coach

Please Print Clearly Full Name (NO INITIALS) All Information Must be Provided

Last Name	First	Middle	Sex	DOB
Complete Address				Social Security #
City	State	Zip Code	E-mail address	
Child's Name	Child's DOB		Age	
Telephone (home)		(work)		
Position:	Head Coach	Assistant Coach		
(Indicate either head coach or assistant coach you wish to be paired with above.)				
List your qualifications and experiences:				

It is understood that if accepted by the Fort Belvoir Youth Sports Department, as a volunteer coach, I will support and enforce the Code of Ethics:

1. **To attend all meetings and rules clinics** set up by the Department prior to the beginning of each sport season.
2. **I will promote team play that is safe, fun and enjoyable** remembering that competition encourages cooperation, self discipline and motivation while enhancing the development of life lasting traits. I will lead my team remembering that competition is a process for children to learn.
3. **I will promote respect in one's self and others through good sportsmanship** by emphasizing the development of cooperation and respectful behavior towards teammates, opponents, referees and coaches. I will help each child feel good about himself/herself.
4. **I will promote responsibility in one's life through encouraged participation** and will emphasize that one's effort is more important than the final score.
5. **I will promote sports fundamentals** which are essential to enjoy the game. I will strive to develop each child's skills and abilities to the fullest potential.

In addition to the Code of Ethics, I will also abide by the following rules:

1. I understand that all head coaches are required to attend NYSCA clinics and any head coaches who fail to attend the NYSCA certification will lose the privilege to head coach for a period of 14 months from the last NYSCA clinic scheduled for that season.
2. I will return all issued equipment no later than 10 days following the last played game.
3. I will ensure that I am knowledgeable in the rules of the sport and teach these rules to my players.
4. I will seek approval from the Youth Sports Department prior to any discipline or dismissal of any player because of misconduct or unexcused absences.
5. I will notify my players/parents of practice times and locations. I will also organize practices that are fun and challenging for all my players. I understand the above ethics and rules and that any violation of said ethics and rules could result in losing my right to coach. I also understand that I am under the direction of the current Youth Sports Department and staff. Due to the nature of the Department's responsibilities and liabilities, it will be necessary to perform background checks on all volunteers for the protection and welfare of program participants. The information given today will be used for this purpose.

Signed _____ Date _____
Staff _____ Date _____