



Upward Sports

Cheerleading Coach Application

First Baptist Church O'Fallon

Please select the applicable sport:
 FOOTBALL CHEERLEADING
 BASKETBALL CHEERLEADING

SECTION 1

Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone (day) _____ (evening) _____ (cell) _____
 Email Address _____

Gender: M F Date of Birth / /
 Please Answer: Are you a member of a local church? Yes No If yes, where? _____

Have you made a personal commitment to Jesus Christ? Yes No
 Please share a little about your relationship with Jesus. (Feel free to use the back of this application if you need more room.)

SECTION 2 (please circle)

1. Please indicate the age group you prefer to coach
 Kindergarten _____
 1st and 2nd Grade _____
 3rd and 4th Grade _____
 5th and 6th Grade _____

2. What is your preferred practice day? M T Th (currently anticipate all practices beginning at 5:30 pm)
 3. What is your shirt size? Adult: S M L XL XXL XXXL

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

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

5. Have you ever coached Upward Cheerleading before? Yes No
 7. Do you know of someone who might be interested in coaching Upward Cheerleading this year?
 Name _____ Phone _____
 Name _____ Phone _____

8. Please plan to attend one Upward Evaluation Day.
 Which player evaluation will you attend? Session 1 Session 2

***There will be a mandatory Coach Training Conference: date and time TBD
 I understand the 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.
 I, the undersigned, do hereby authorize the First Baptist Church of O'Fallon or it's designee to conduct a criminal background check on me as part of the screening process. I hereby authorize any law enforcement agency to release information, records and documents concerning any criminal charges brought against me.

 Last Name First Name M.I. Social Security Number

 Maiden Name (if applicable) Driver's License Number and State

Coach's and/or Referee's Signature _____ Date _____

(Continued on back)

List at least three personal non-related (Non-FBCO staff member) references. (Must be an adult) Preferred references are leaders of church organizations in which you have served or former employers or co-workers. Please do not use close friends, relatives or FBCO staff. Please fill out completely.

1. Name: _____
Address: _____ City _____ State _____ Zip _____
Phone #: _____
Email address: _____

2. Name: _____
Address: _____ City _____ State _____ Zip _____
Phone #: _____
Email address: _____

3. Name: _____
Address: _____ City _____ State _____ Zip _____
Phone #: _____
Email address: _____