



Xtreme Flag Football League

2018 Coaching Application

INSTRUCTIONS: Complete an application for EACH team you wish to coach.

Name: _____ **Social Sec #:** _____

Address: _____ **DOB:** _____

City/State: _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Training: All Coaches must attend the rules meeting before coaching in the league.

Coaching Experience:

I am applying to be (circle one): Head Coach _____ Assistant Coach _____

Your child's name: _____ Division: _____

I would like to coach with (other coaches name): _____

Your Shirt Size (circle one) : S M L XL XXL XXXL

Sponsors: Head Coaches are requested to help recruit sponsors. (Business Card Sponsors are \$100.)

Sponsoring Company for your team:

Contact Name: _____ **Phone Number:** _____

I have read, and agree to, the Coaches Code of Conduct printed with this application. I agree to abide by the Rules and Regulations of Xtreme Flag Football of Coral Springs, including the Equal Time Playing rule, and understand that my coaching privileges may be revoked for any violation of the Rules and Regulations.

ATTENTION: Coach selection is subject to satisfactory background check & availability of positions.

Signature: _____ **Date:** _____

XTREME FLAG FOOTBALL OF CORAL SPRINGS

LEAGUE COACHES CODE OF CONDUCT

Xtreme Flag Football of Coral Springs is committed to providing a football experience for all players that is enjoyable and promotes development of players at all levels. The coach is the key to ensuring that the above stated goals are achieved, and therefore must adhere to the following basic code of conduct:

- 1. I will strive to help each and every player develop his/her skills.**
- 2. I will adhere to the equal playing time policy at all times.**
- 3. I will always speak to my players in a positive and reinforcing manner.**
- 4. I will NEVER shout at, openly criticize, or berate any player at any time.**
- 5. I will NEVER shout at, openly criticize, or berate the referee or linesmen, opposing coaches and players, or parents, at any time.**
- 6. I will not promote a "win at all costs" atmosphere, but rather will work to be competitive while adhering to this Coaches Code of Conduct.**
- 7. I will, first and foremost, strive to make the season a fun, enjoyable experience for each and every player.**

SIGNATURES: _____

Date: _____



Background Check Authorization

Print Name: _____

(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____

(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Xtreme Flag Football of Coral Springs Inc** 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; 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 to divulge any and all information, verbal or written, pertaining to me, to **Xtreme Flag Football of Coral Springs Inc** 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. **Xtreme Flag Football of Coral Springs Inc** 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: _____

