



Football Coaches Application Form

(circle one) SPRING SEASON FALL SEASON BOTH

APPLICATION MUST BE APPROVED BY FCCJC PRIOR TO PARTICIPATING AS A COACH. ALL COACHES WILL HAVE BACKGROUND CHECKS CONDUCTED ON AN ANNUAL BASIS.

FULL LEGAL NAME: (please print) _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

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

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

COACHING POSITION DESIRED (circle one) HEAD ASSISTANT

HIGH SCHOOL AREA _____ GRADE _____

FCCJC COACHING EXPERIENCE: _____

OTHER PLAYING/COACHING EXPERIENCE: _____

If accepted as a coach with the Football and Cheerleading Club of Johnson County, 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 seven (7) plays per half.
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 FCCJC to conduct the same.

I also understand that I am expected to have a thorough knowledge of the CURRENT YEAR FCCJC Football Rulebook and that the Sportsmanship Committee 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? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

Are there any criminal prosecutions currently pending against you? ___ Yes ___ No

By signing below and providing my social security number and date of birth above, I authorize FCCJC 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 FCCJC program.

Applicant's Signature _____ **Date** _____

Area Director Recommendation (circle one): **Recommended** **Not Recommended**

Area Director Signature _____ **Date** _____

Equipment Outstanding **Yes** **No** **Fee Outstanding** **Yes** **No**

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

Sportsmanship Chairman Signature _____ **Date** _____