



# Upward Basketball Coach and Referee Application

- YES, I plan to coach Upward Basketball.
- Head Coach or Assistant Coach
- Assistant Only

## SECTION 1

Name \_\_\_\_\_

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

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

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Are you a member of a local church?  Yes  No If yes, where? \_\_\_\_\_

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

## SECTION 2 (please circle)

1. Mark which league you prefer to coach with a "C." Mark which league you prefer to referee with an "R."

Grade Level	Boys	Girls	Grade Level	Boys	Girls
Kindergarten	_____	_____	Fifth Grade	_____	_____
First Grade	_____	_____	Sixth Grade	_____	_____
Second Grade	_____	_____	Seventh Grade	_____	_____
Third Grade	_____	_____	Eighth Grade	_____	_____
Fourth Grade	_____	_____			

2. What is your preferred practice day? Mon Tues Wed (6 PM only) Thurs Friday Games are on Saturdays daytime.

3. What is your preferred practice time? 6:00pm 7:00pm 8:00pm

4. What is your shirt size? **MEN:** S M L XL XXL XXXL **WOMEN:** S M L XL XXL XXXL

5. Please list YOUR children who will be playing in this year's Upward 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

6. Have you ever coached Upward Basketball before? Yes No

7. Have you ever refereed Upward Basketball before? Yes No

8. 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.)

\_\_\_\_\_

\_\_\_\_\_

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

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

10. Coach Training Conference **Date: Friday, October 7th Time: 7:00PM – 8:00PM** Attendance is mandatory

11. Will you assist with the evaluation? YES No Date **Saturday, October 15, 2011** Time: \_\_\_\_\_

**Evaluations begin at 10:00 am and end at 2:30 pm.**

*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 Signature \_\_\_\_\_ Date \_\_\_\_\_