SPRINGDALE KIWANIS KID'S DAY FOOTBALL
COACHES APPLICATION

Last Name **First Name** **Social Security Number**

Address:_____
Street City State Zip

Phone Numbers: Home:_____ Work:_____

Cell: _____

Email Address: _____

Drivers License #:_____ State:_____ Expiration _____

****Email is required as it is the primary means of communication between the league and its coaches.**

Each Team is allowed to have a Head Coach and two Assistant Coaches – Please indicate below with whom you want to coach with and their child's name and grade:

Head Coach_____Child:_____Grade:___

Assistant Coach_____Child:_____Grade:___

Assistant Coach_____Child:_____Grade:___

If you coached last year, please list what Age and Team:_____

Please list other previous coaching experience:_____

Have you ever been convicted of a crime of violence? Yes No
Have you ever been convicted of a crime against another person? Yes No

I understand that:

a. It is the intent of the Springdale Kiwanis Kid's Day Football Program to deny certification to any person who has been convicted of a crime of violence or a crime against a person.
b. In applying for a Coaching position, the information I have provided on this form is subject to verification that may include a criminal history check.
c. I authorize, consent, and direct that the League, its agents & representatives may investigate me personal background by any means possible including, but not limited to, the national Crime Computer System. I hereby waive any and all rights to privacy & consent that any and all information obtained by the League may be used by the League for all purposes. I further agree to severally indemnify and hold harmless the League from any and all damage and harm I might sustain by reasons of said background check. I certify that I have read this statement and fully understand it

_____ _____ _____
Signature Printed Name Date