

KEARSLEY YOUTH FOOTBALL COACHING APPLICATION

Interested in:

Head Coach

Assistant Coach

Name: _____

Home Phone: _____ Cell: _____

Email address: _____

Address: _____

Social Security #: _____ Drivers License #: _____

Have you ever coached football before?

Yes

No

If yes, when/where: _____

Division you would like to coach:

Freshman

JV

Varsity

Do you have a child playing?

Yes

No

Child's name: _____

Do you know CPR?

Yes

No

If yes, year certified: _____

Have you ever attended a coach's clinic?

Yes

No

If yes, when/where: _____

Have you ever been convicted of a felony charge?

Yes

No

If yes, please explain: _____

If you are requesting a head coach position, do you know of anyone interested in helping you coach (ie: be your assistant coach)? If yes, who: _____

(They will also need to complete an application)

**Thank you for your interest in our program.
Your application will be reviewed and you will be notified if accepted.**

Please mail your application to:
Kearsley Youth Football & Cheerleading
195 Blue Spruce Lane
Flint, MI 48506