



# 2019 Upward Flag Football Coach Application



**Please remember to fill out the attached background check on the reverse side.**

(For office use only: Turned in to office )

## Section 1

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender:  M  F

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

Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you a member of Hillcrest?  Yes  No

## Section 2

### Important Dates

1. Check which division you would like to coach.

7-9 yrs. old

10-11 yrs. old

12-14 yrs. old

### Skills Evaluation

6:00p-7:30p

7-11 yrs. old July 15th

12-14 yrs. old July 16th

Hillcrest Park, Nine Mile Rd

### Coaches Training

Meeting, July 23rd

6:30p Northwest Hall A,

Hillcrest Baptist Church

Nine Mile Campus

Please Attend

### Practices Begin

Aug. 19 or 20

Mon. or Tues.

Hillcrest Park

Nine Mile Rd

Field 1

2. Select your shirt size: MEN/WOMEN  S  M  L  XL  2XL  3XL

3. Please list your children who will be participating this year in flag football if applicable.

Child's Name	Grade	Gender	Age	I plan to coach my child's team
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Have you coached Upward Flag Football before?  Yes  No\* **The Director interviews all first year coaches.**

5. Have you made a personal commitment to Jesus Christ?  Yes  No If yes, please share about your relationship with Jesus Christ on the lines below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you know of anyone that would be interested in coaching Upward Flag Football this year?

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

7. Select which evaluation you will be attending: July 15th  6:00-7:30p July 16th  6:00-7:30P

**Evaluations are designed to balance the flag football teams and create a competitive league. Helping with evaluations is a great opportunity to serve the church and meet the players and parents registered for this season.**

*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 follow.*

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

# BACKGROUND SCREENING AUTHORIZATION

MUST BE COMPLETED BY EVERY APPLICANT, REGARDLESS OF CRIMINAL RECORD

## STATEMENT OF RELEASE

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state or national law enforcement agencies from any and all liability resulting from such disclosure.

## APPLICANT INFORMATION

Signature:

Print Name:

Print Maiden Name (If Applicable):

Current Address:

Date of Birth:

Place of Birth:

Driver's License Number & State:

Social Security Number:

Today's Date:

Ministry Area in Which You Want to Serve:

Record sent to:

Hillcrest Baptist Church  
Attn: Administrator  
800 East Nine Mile Road  
Pensacola FL 32514