



# Upward Flag Football Coach and Referee Application

YES, I plan to coach Upward Flag Football.  YES, I plan to referee Upward Flag Football.

## Section 1

Name \_\_\_\_\_

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

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

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

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 officiate with an "O."

| Division                                      | Boys  | Girls |
|---|-------|-------|
| K4 – K5                                       | _____ | _____ |
| 1 <sup>st</sup> and 2 <sup>nd</sup> Grade     | _____ | _____ |
| 3 <sup>rd</sup> and 4 <sup>th</sup> Grade     | _____ | _____ |
| 5 <sup>th</sup> through 8 <sup>th</sup> Grade | _____ | _____ |

2. What is your preferred practice day? M T TH

3. What is your preferred practice time? 5:30 PM

4. What is your shirt size? Adult: 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 Flag Football before? Yes No

7. Have you ever refereed Upward Flag Football before? Yes No

8. Have you made a personal commitment to Jesus Christ? Yes No

Please share a little about your relationship with Jesus (use the back of this application if you need more room).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you know of someone who might be interested in coaching or refereeing Upward Flag Football this year?

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

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

10. Please circle which Coach and/or Referee Training Conference you will attend:

Session I :: Date: \_\_\_\_\_ Time: \_\_\_\_\_ OR Session II :: Date: \_\_\_\_\_ Time: \_\_\_\_\_

11. Which evaluation will you attend? Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*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 and/or Referee's Signature \_\_\_\_\_ Date \_\_\_\_\_