



2017 FOOTBALL - CHEER COACHES APPLICATION

Sparks Pop Warner - PO Box 3377 - Sparks, NV 89432 – PH 775.560.4003

www.sparkspopwarner.com



**Please email completed application to jwcm.taylor@yahoo.com Subject header of email must include your name/division. **

Sparks Pop Warner seeks to develop well-rounded young men and woman who learn not only the fundamentals of football and cheerleading, but also the importance of education in an atmosphere conducive to developing sound mind, body and character – and having a good time along the way. The general objections of Sparks Pop Warner are to inspire youths, regardless of race, creed or national origin, and to practice the ideas of sportsmanship and physical fitness. Sparks Pop Warner strives to make the game “fun” for all boys and girls. Coaches must consistently keep in mind the ages of the participants. The program stresses learning lessons of value far beyond the playing or cheering days of the boys and girls involved, such as self-discipline, teamwork, concentration, friendship, leadership and good sportsmanship.

I am applying for the following position: HEAD COACH ASSISTANT COACH
OTHER _____

FOOTBALL CHEER

TEAM: _____ DIVISION: _____

| APPLICANT INFORMATION | | | |
|--|------------------------------------|------------------------------|---|
| Last Name | First | Middle | |
| Street Address | | | Apt# |
| City | State | ZIP | |
| E-mail Preferred | E-mail Secondary | | |
| Home Phone: | Work Phone: | Cell Phone: | |
| Date of Birth: | Are you First Aid & CPR Certified? | YES <input type="checkbox"/> | NO <input type="checkbox"/> If yes, expiration: |
| PREVIOUS COACHING | | | |
| Have you coached for SPW in the past? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, which seasons? |
| Please list position(s), team(s), and division(s): | | | |
| | | | |
| Have you ever served on the board of directors for youth sports? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, what organization? |
| REFERENCES (PLEASE LIST THREE REFERENCES NOT RELATED TO YOU) | | | |
| Name: | Phone: | | |
| Name: | Phone: | | |
| Name: | Phone: | | |

NOTE: Sparks Pop Warner will not discriminate against any person on the basis of race, creed, color, national origin, marital status gender, sexual orientation or disability. Please note this application will be kept with Sparks Pop Warner until the end of the year at which time it will be destroyed. The information provided is used for placement of our coaching staff.

What is your coaching background, including your history with SPW?: _____

What is your coaching philosophy?: _____

Do you have a child/children in the program? Yes No If yes, which sport?: FB CHEER
 Have you ever been refused participation in any youth programs? Yes No
 If yes, explain (use back if needed): _____

BACKGROUND CHECK:

As a condition of volunteering, I give permission for Sparks Pop Warner to conduct a background check on me, which includes a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditioned upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Sparks Pop Warner, its officers, directors and volunteers, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Sparks Pop Warner is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to discipline up to and including suspension and/or removal by the Board of Directors for violation of league rules, policies, and/or principles. **Upon clearance, I will be assigned a Photo Badge that will be used to grant access to the fields during practices and game days. I will not be allowed on the field without my Photo Badge.**

Signature: _____ **Date:** _____

DISCLOSURES:

1. I have read the Bylaws and Standard Operating Procedures for Sparks Pop Warner (SPW) and agree to abide by all national, regional and league rules. I agree to follow the existing PWLS Rules, to follow any and all new/revised Rules, and to otherwise comply with SPW policies and procedures. I will fulfill my duties as outlined and provide any assistance to the board that is needed. I understand that if selected as a coach I will be required to submit to a background check. All statements made on this application are true to the best of my knowledge. **Initial:** _____
2. I understand that each team has a league team fee of \$500-FB \$300-CH due each season. If I am a head coach, I will pay this fee on time. I understand that this fee must be paid FIRST before any other funds from my team account are spent for any other purpose. **Initial:** _____
3. I understand SPW Financial Procedures, including that all funds received must be deposited with SPW before being spent. I understand that I am not permitted to enter into any financial transactions on behalf of the SPW, but only for my individual team, subject to advance approval. I understand that ALL fundraising must be approved in advance by the Board of Directors. SPW will not be responsible for any items purchased, expenses or liabilities incurred on behalf of your team. I understand that a failure to follow financial procedures may result in permanent expulsion from SPW. **Initial:** _____
4. I understand that I am responsible for SPW Equipment and Uniforms, and to make sure all my athletes are properly equipped. For football, when players do not cooperate in returning their equipment, I will intervene to assist in getting back the league's property. I will return all "spare" equipment to the league and will not stockpile "extras" for my team. **Initial:** _____
5. In consideration of my being allowed to participate in any way in the **Sparks Pop Warner** program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:
 - 1) The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
 - 2) FOR MYSELF, SPOUSE, AND HEIRS I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
 - 3) I myself, my spouse, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, the league, the Board of Directors, the volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct any SPW event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in this program, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
 - 4) I, for myself, my spouse, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature **Print Name** **Date Signed**

If Applicant is under age 18, Parent or Guardian must read and sign below:
 This is to certify that I, as parent/guardian with legal responsibility for this Applicant, do consent and agree to his/her release as provide above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to this Applicant's participation in this program as provided above, even if arising from their negligence.

Signature **Print Name** **Date Signed**

FOR BOARD USE ONLY: Date Reviewed: _____ Accepted: _____ Denied: _____

