



Coaches Application

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Birthdate: _____ E-mail address: _____

Home Phone: _____ Cell Phone: _____

Please indicate your preferred communication method: Email ____ Cell ____

Please check the area of interest: Football ____ Cheerleading ____

Please select coaching position: Head Coach ____ Assistant Coach ____ Jr. Coach ____

Please check division (if known): 8U ____ 10U ____ 12U ____ 14U ____

Please Circle one:

I will / will not have a child competing with Durham Jr. Trojans.

I will / will not consider a position as an assistant if not selected.

Previous Coaching Experience (please list sport and league):

Football or Cheer Coaching Experience and/or Training:

Other Youth Involved Activities or Skills/Training/Certifications to consider:

Briefly describe how do you determine success for a youth team?

Please supply personal references we may contact

1. Name: _____

Home phone: _____ Cell phone: _____

2. Name: _____

Home phone: _____ Cell phone: _____

3. Name: _____

Home phone: _____ Cell phone: _____

Please Initial the following:

____ I understand that I must pass the required background check, concussion training and attend a clinic before being allowed to coach.

____ I understand that as a Head Coach, I will be committing to practices during the week and games on Saturdays.

____ I recognize that I am a representative of Durham Jr. Trojans Youth Football and Cheer (DJT) as such I am responsible for the actions of my actions on and off the field.

____ I will abide by all rules of Sacramento Youth Football (SYF) and the guidelines set forth by the board of Durham Jr. Trojans Youth Football and Cheer (DJT).

Signature: _____ Date: _____