

COACHING APPLICATION

**St. Joan of Arc Athletic Association
2010-2011 School Year**

PLEASE PRINT!

Name: _____

Address: _____

Phone Contact Information:

Home: _____ Work: _____ e-mail _____

I am applying to coach: (List all sports you wish to coach during this school year)

Sport	Grade	Head Coach	Asst. Coach

Son/Daughter's Name/s: _____

I have attended a Protecting God's Children Workshop: Yes _____ No _____

I have a background check form on file with the parish office: Yes _____ No _____

I hold a valid CPR/AED certification: Yes _____ No _____

Previous Coaching / Playing Experience, Other Relevant Youth Supervision Experience and Reasons for wanting to coach (**Please use other side of this form if additional space is needed.**)

As an SJA coach, I agree to submit to a background check conducted by Joliet Diocese. I further agree to abide by the guidelines and rules as set forth by St. Joan of Arc School and Athletic Association, Joliet Diocese and League governing the individual sport. *

Signed: _____ Date: _____

NOTE:

- Copies of SJA, Diocesan & League guidelines and rules are available upon request.
- The SJA Athletic Association Executive Committee reviews all coaching applications. Recommendations are submitted to both the Athletic Director and Principal for final approval

