

ST. FRANCIS BASKETBALL ASSOCIATION COACHES APPLICATION

Personal Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Grade Preference: _____ (Specify grades (5-8) and Level (A/B)) Girls _____ Boys _____

Commitment level: 100% 90% 80%

Experience

Playing experience:

Coaching experience:

Number of years coaching? Where?

Why do you want to be a coach?

What is your coaching philosophy?

What are your goals for our SFBA players when coaching this team?

What benefits will you provide to the athletes and the SFBA traveling basketball program?

What do you consider your strengths and weaknesses as a coach?

Who could the SFBA board contact as a reference for your coaching skills and your ability to deal with young players in a positive manner? (Please list at least 2 names, phone numbers, and relationship with these individuals).

1. _____.

2

Additional information:

Agreement

I, the undersigned, in undertaking the responsibility of coaching youth athletics agree to uphold and abide by the Code of Ethics and Bylaws as approved by the SFBA Board of Directors. I will uphold the Code of Ethics and report observed violations to the SFBA board in writing. Furthermore, I understand violations of the above may result in my coaching privileges being suspended or terminated. I hereby release and indemnify, hold harmless and defend the SFBA from any liability and the expense for defending against the same on account of any claim for injury; or action arising out of my actions or influences occurring while coaching, related travel, SFBA activities, etc.

Understood And Agreed To By: _____ Date: _____

SFBA Travel Season:

Our traveling teams play in a minimum of 7 tournaments throughout the course of the season which generally runs October – March. Tournament dates to be determined at a later date.

Mail completed application to:

**ST. FRANCIS TRAVELING BASKETBALL ASSOCIATION
23474 DRAKE ST. NW
ST. FRANCIS, MN 55070**