Sponsor's Name (If Applicable) Grade Physical Address:	e/Rank: rs) Phone #: _	Zip Code		
Sponsor's Name (If Applicable) Grade Physical Address:	e/Rank: rs) Phone #: _	Zip Code		
Physical Address: Street Address City/State Day Phone:	rs) Phone #: _	Zip Code		
Day Phone: Cell Phone: Personal Email:	rs) Phone #: _			
Day Phone: Cell Phone: Personal Email:	rs) Phone #: _			
Work Email:	rs) Phone #: _			
Work Email:	rs) Phone #: _			
Professional References (may not be Family Member 1. Name:	rs) Phone #: _			
1. Name:	Phone #: _			
2. Name: Relationship:				
	_ Phone #:			
3. Name: Relationship:	Phone #:			
Interested in Volunteering as: (Select all that appl	ly)			
Head Coach Assistant Coach Jr. Official	Sr. Official			
Sport(s) and Age Group(s): (Select all that apply)				
Soccer Basketball Cheerleading Flag Football T-Ball	1	Other		
SMARTSMARTSMARTSMARTSMARTSTARTSTARTSTARTSTARTSTARTSTART(3-4 yr olds)(3-4 yr olds)(3-4 yr olds)(3-4 yr olds)(3-4 yr olds)	RT	SMART START 3-4 yr olds)		
6U 6U 6U 6U 6U		6U		
8U 8U 8U 8U 8U 8U		8U		
10U 10U 10U 10U 10U 13U 13U 13U 13U 13U 13U	-	10U 13U		
16U 16U 16U 16U 16U		16U		
Other Sport(s)/Activity:				
	N1/A -			
Are you planning to coach your Child(ren)'s Team? Yes: No:				
Child's First & Last Name: Child's First & Last Name:	Age:			

Olympic	High School	Recreational	Never Coached
Professional	Middle School	Clinic Instructor	Other

Collegiate

3. Child's First & Last Name: _____

Child's First & Last Name:

Previous Sport(s) Coached/Officiated:

Athletic Director

- 1. _____ I understand that, as a Volunteer, I'm required to pass/maintain a CYS Background Check (BCR). Failure to disclose any derogatory information may result in my application being disapproved.
- 2. _____ I understand that I will be required to complete an annual Individual Development Plan

Previous Coaching/Officiating Experience: (Select all that apply)

Travel/Select

- 3. (IDP) that includes in-person and virtual training.
- 4. _____ I understand that ALL IDP training MUST be completed prior to the start of the Season
- 5. to receive the Coach's discount for my child(ren)'s YSF Registration.
- 6. _____ I understand that, once cleared, I will wear my issued green YSF Coach's shirt at **ALL** Practices and Games. If my green shirt is not available, I will wear another clearly identifiable item provided by CYS (e.g., green armband or wristband). These items will be provided at no cost to the Volunteer. Utilizing these items are required to comply with CYS Child Supervision and Accountability Regulations and local SOPs.
- 7. _____If I am unable to attend a Practice or Game, I will notify the YSF Staff to arrange coverage as soon as possible.
- 8. _____ I understand that I **MUST** have YSF Director's approval **BEFORE** notifying parents or guardians about Practice and/or Game cancellations.

Please Select T-Shirt Size:

UNISEX S M L XL	XXL	OTHER
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Applicant's Signature

CYS Staff Member's Signature

YSF Director's Signature

Date

Date

Date

Age: _____

Private Lessons

Age: