

Trans Valley Youth Football League

Returning Coaches Application



Team	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	D.O.B.	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
Occupation	<input style="width: 95%;" type="text"/>	SSN	<input style="width: 95%;" type="text"/>

Sport	Where	Update prior year of coaching experience Date	Years of Experience
<input style="width: 99%; height: 99%;" type="text"/>			

Were you ejected or suspended from ANY game/sport during last 12 months? if Yes, attach explanation

CPR/First Aid current through December? CPR Expiration First Aid Expiration

Attach copies of valid CDL, Vehicle Insurance, CPR and First Aid cards.

USA/ACCA training requirements complete? Date completed (*attach copy*)

USA is to replace the NYSCA from past years for the TVYFL. Get code from team and go to web site- www.usafootball.com

Do you have a child participating in TVYFL this season? What team

Coach Position	<input style="width: 95%;" type="text"/>	Level	<input style="width: 95%;" type="text"/>	Total season(s) at this position	<input style="width: 95%;" type="text"/>
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I have read and fully understand the League and Team Coaching and Playing Rules as compiled and approved by the League Board of Directors, and will abide by them. I will strive to maintain the highest standards in every area and for teamwork at every level of the organization. I further certify that the answers I have given to the above questions are true and correct. This application must be completely filled out with all questions answered. Any incomplete applications will not be accepted by the League. Any question answered untruthfully will be grounds for immediate termination of affiliation with the TVYFL.

I understand, if I am a Head Coach, I am required to coach the All Star game at the conclusion of the season. If I do not have prior written permission from the TVYFL Executive board to miss this game, I may be suspended for a year and/or removed from any future coaching at all in the TVYFL.

I have read and understand the above written rules.

Signature _____ Date _____

Local Board: () Approved () Denied Date _____ Team President _____
 Team President(print) _____

TVYFL Board () Approved () Denied Date _____ President (J. Nixon) _____

This application shall continue in effect the prior documents from previous seasons with the TVYFL and the local team completed by the applicant. The applicant of this document is to maintain knowledge and adhere to all rules and regulations set forth by the TVYFL board of directors and rule's of the upcoming season. At any time the TVYFL may require further documentation or a completed multi page coaches application at which time the applicant shall complete and turn in to the local league representative the requested documents to avoid suspension of coaching duties.