

Scott County Youth Basketball  
Basketball Coach's Application

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**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail Address :** \_\_\_\_\_

**Child's Name Participating in SCYB:** \_\_\_\_\_

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**Were you a Head Coach in SCYB last year?      Yes    or    No**

**Were you an Assistant Coach in SCYB last year?    Yes    or    No**

**If yes, please list the following:**

**League Name:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

***Would you be interested in coordinating a league this year?    Yes    or    No***

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**Please circle league you wish to Head Coach in this year:**

**Rookie    Bantam    Training    Freshman    Junior    Varsity    Varsity I    Varsity II**  
**Ages:    4 & 5    6 & 7    8, 9 & 10    9&10    11 & 12    13 & 14    15, 16 & 17**

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**Coaching Experience:**

How many years have you coached in the following sports:

Basketball: \_\_\_\_\_ years Head Coach    \_\_\_\_\_ years Assistant Coach

Football: \_\_\_\_\_ years Head Coach    \_\_\_\_\_ years Assistant Coach

Baseball: \_\_\_\_\_ years Head Coach    \_\_\_\_\_ years Assistant Coach

Soccer: \_\_\_\_\_ years Head Coach    \_\_\_\_\_ years Assistant Coach

Softball: \_\_\_\_\_ years Head Coach    \_\_\_\_\_ years Assistant Coach

I, the undersigned, understand that this is an application for a SCYB Coaching position and this does not guarantee that I will receive a Coaching position with SCYB. I also understand that the SCYB Board will select all Coaches for the upcoming season and that no one, including returning Coaches, are guaranteed a Coaching position. Finally, I understand the SCYB Coach selection decisions are final. If you are selected as coach, please be prepared to attend the following meeting (times/locations – TBD):

Bantam/Training League Coaches –

JV/Varsity I/Varsity II Coaches –

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Email application and background check to [scottcountyouthbasketball@gmail.com](mailto:scottcountyouthbasketball@gmail.com)