

Scott County Youth Basketball
Cheerleading Coach Application

Applicant's Name: _____

Address: _____

Phone Number: _____ **E-Mail Address :** _____

Child's Name Participating in SCYB: _____

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

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.

Applicant's Signature

Date

Email application and background check to scottcountyouthbasketball@gmail.com