

AMADOR COUNTY EAGLES FOOTBALL & CHEER ORGANIZATION

P.O. BOX 1928 Jackson, CA 95642

Application to Coach

| | | | | | | | | | | | |
|--|---------------|-----------|--------------------------------------|------------------------|---------------------------|-------------------------------|-----------------|-----------------------|----------------------------------|-------------------------|------------|
| <i>Last Name</i> | | | | <i>First Name</i> | | | | <i>Middle Initial</i> | | | |
| <i>Street Address</i> | | | | <i>Mailing Address</i> | | | | | | | |
| <i>City, ST ZIP</i> | | | | <i>City, ST ZIP</i> | | | | | | | |
| <i>Home Phone</i> | | | | <i>Alternate Phone</i> | | | | | | | |
| <i>Email Address</i> | | | | | | | | | | | |
| <i>Desired level (CIRCLE ONE)</i> | | | <i>Desired position (CIRCLE ONE)</i> | | | | | | | | |
| JR NOVICE | NOVICE | JV | VAR | HEAD COACH | ASST COACH | OFFENSE | DEFENSE | SPECIAL TEAMS | CHEER | YOUTH INSTRUCTOR | |
| <i>Is your child an ACE athlete?</i> | | | YES | NO | <i>If YES, what team?</i> | | | JR NOVICE | NOVICE | JV | VAR |
| <i>Describe your previous coaching experience and related qualifications.</i> | | | | | | | | | | | |
| <i>Shirt Size</i> | | | | | | | <i>Hat Size</i> | | | | |
| MEN | LADIES | XS | S | M | L | XL | 2X | 3X | 4X | | |
| <i>Please describe any health issues that may affect your participation in ACE Football and Cheer.</i> | | | | | | | | | | | |
| <i>Please list any medications you take.</i> | | | | | | | | | | | |
| <i>Doctor's Name</i> | | | | | | <i>Phone Number</i> | | | | | |
| <i>Health Insurance</i> | | | | | | <i>Group/Member Number</i> | | | | | |
| <i>Emergency Contact</i> | | | | | | <i>Emer Contact Ph Number</i> | | | <i>Emer Contact Relationship</i> | | |

_____ **LIABILITY RELEASE:** By signing below, I agree to the following terms. I assume all risk of participation including transport to and from the activity and waive, absolve and agree to hold harmless the Amador County Eagles Football and Cheer Organization and the Mother Lode Valley Football League, including organizers, directors, board members, sponsors, participants, and persons transporting me to and from activities, for any claim arising out of any injury to said child.

_____ **MEDICAL TREATMENT CONSENT:** I hereby give my permission and consent for any and all medical care prescribed by a duly licensed Doctor of Medicine for me. This care may be given under whatever conditions are necessary to preserve my life, limb, or well-being.

_____ **PHOTO RELEASE:** I grant to Amador County Eagles Football & Cheer Organizations of Jackson, CA, its representatives and employees, the right to take photographs or videos of me in connection with my participation in any ACE-related events. I authorize ACE to copyright, use and publish the same in print and/or electronic media. I agree that ACE may use such photos or videos of me or of my child, with or without names, and for any lawful purpose, including, but not limited to, publicity, illustration, advertising, and web content.

DECLARATION OF REGISTRATION: I attest that all the above information provided by me is true, correct, and complete to the best of my knowledge.

MAIL COMPLETED FORM TO: AC EAGLES PO BOX 1928 JACKSON, CA 95642

Signature

Date

| | | |
|------------------------------|----------------------|------------------------|
| APPLICATION CHECKLIST | | |
| _____ APPLICATION | _____ BOARD APPROVAL | _____ BACKGROUND CHECK |