

SOUTH FORK PANTHERS

Coach's Application

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Rank Applying For (Circle one) Head Coach

Assistant Coach

Division (Circle one) Cheerleading: D8 D10 D12 D14

Football: Flag TM MM 9U 10U 11U 12U 13U

1) Briefly explain why you would like to volunteer to be a head coach/assistant coach in our organization and what you hope to achieve this season with the players/cheerleaders on your team.

2) Briefly explain what you specifically hope to teach the players on your team.

SOUTH FORK PANTHERS

Coach's Application (continued)

3) How would you define a successful season/organization/coach?

If selected as a head coach, please list other coaches that would you areconsidering for your coaching staff: (Maximum 6 Assistant Coach)

List Prior Coaching/Youth activities you have been involved with:

- 1) Year: _____ Organization: _____
Position Held: _____
Team/Division: _____
- 2) Year: _____ Organization: _____
Position Held: _____
Team/Division: _____

Shirt Size: _____

Signature: _____ Date: _____

All completed pages need to be turned in by January 10,2020

Please email to: southforkpanthers@gmail.com

Steven Lowery – stevenlowery@icloud.com(football)
Erica Lowery– ericaforbeslowery@icloud.com(cheer)

SouthFork Panthers Youth Athletic League Coaching Code of Ethics

I, _____, hereby pledge to abide by, and live up to, my position as a SFP Coach by following the Coaches' Code of Ethics:

1. I will place the emotional and physical well being of my players ahead of a personal desire to win.
2. I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
3. I will do my best to provide a safe playing situation for my players.
4. I will promise to review and practice basic first aid principles needed to treat injuries of my players.
5. I will do my best to organize practices that are fun and challenging for all my players.
6. I understand that as Head Coach I am responsible for all Coaches, Players, Parents and Fans and as such I will lead by example in demonstrating fair play and sportsmanship to all my players in My dealings with opposing coaches and officials.
7. I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use or influence while at all youth sports events.
8. I will be to the best of my ability being knowledgeable in the proper technique and rules of the sport I coach, and I will teach these proper techniques and rules in order to promote the safety and sportsmanship of all players.
9. I will use those coaching techniques appropriate for all of the skills that I teach.
10. I will abide by and adhere to the guidelines as set forth by the SFP board of directors, as to fair play and good sportsmanship. I will immediately do everything in my power to equalize the Level of play between my team and my opponents. I will to the best of my ability promote team achievement, and the development leadership skills, by encouraging talented athletes to support and include their younger, less experienced teammates to experience success. Coaches will refer to their individual sports rules regarding the details of control of game.

My signing this pledge to the SFP program I acknowledge and endorse that it is my intent to have all involved in our league understand at all times what is going on the field of play and endorse a non-humiliation environment for the positive development of our student athletes. It is further understood that each team in SFP may share this document with the players and their parents and guardians. It is further understood that any violations of this Code will be reviewed first by the SFP Board of Directors, not directly involved in the complaint. If said complaint is found to contain merit, then the individual affected is entitled and may be required to appear before the SFP Board of directors for the purpose of exonerating the accused or imposing sanctions against the offender.

Sanctions will be in accordance to the following:

A First time violation will result in a Notice of Violation for a written response to the infraction.

Any subsequent violation(s) will result in but are not limited to suspension of coach, probation. and expulsion from coaching in the league for multiple violations.

Coach's Name Printed

Coach's Signature Date Signed

Piedmont Youth Football and Cheer League

2020 Official Volunteer Application (Complete BOTH Pages) Do NOT use forms from previous years.

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: _____	Date: _____	Special professional training, skills, hobbies: _____
Prior/Maiden Names or Aliases: _____		
Address: _____		Community affiliations (Clubs, Service Organizations, etc.): _____
Telephone: _____	Email: _____	
City: _____	State: _____	Zip: _____
Previous/current volunteer experience (e.g. baseball/softball and years): _____		
Mailing Address (if different): _____		
Do you have children in the program? YES _____ NO _____		
If yes, at what level? _____		
Special Certification (i.e. CPR, Medical, etc.): _____		
Have you ever been charged with or convicted of a felony? YES _____ NO _____		
If yes, provide your current legal status (parole, etc.) _____		
Have you ever been convicted of any crime involving or against a minor?		
YES _____ NO _____		
Have you ever plead guilty to, been convicted of or involved with any other type of crime?		
YES _____ NO _____		
Have you ever been refused participation in any other youth programs?		
YES _____ NO _____		
If YES to ANY of the above, explain: _____		

In which of the following would you like to participate? ("X" one or more.)

League Official: _____	Head Coach: _____	Board Member: _____	Equipment Manager: _____	Assist. Coach: _____
Team Mom: _____	Coach Trainee: _____	Trainer: _____	Student Demo: _____	
Other: _____				
Association Name: _____				

Piedmont Youth Football and Cheer League

Official 2020 Volunteer Application. (Page 2) Do NOT use forms from past years. (Complete BOTH Pages)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name:

Nature of Relationship:

Phone #:

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, PYFCL may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to PYFCL to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with PYFCL's child protection policy. I understand and agree that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local PYFCL, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, Piedmont Youth Football and Cheer League is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for any and all violations of Piedmont Youth Football and Cheer policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Piedmont Youth Football Cheer League and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Applicant Signature

Date

Applicant Name (Print or Type):

NOTE: Piedmont Youth and Football League will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local Use Only. Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by Association officer:

or

Background check completed by League officer:

or

completed by:

Date Completed:

System(s) used for background check (minimum of one must have "X"):

Online multistate database:
(Choicepoint, etc.)

State/Federal Criminal History Records:

FEDERAL Sex Offender Registry

Other (please explain):

LEAGUES: You must maintain copies of background check results at the league level for the duration of the volunteer's service.



AMERICAN YOUTH FOOTBALL

Image Release - ADULT

ASSOCIATION NAME - _____



READ BEFORE SIGNING

I (insert name) _____, in consideration of being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, do hereby grant to American Youth Football Inc., the unrestricted right and permission, free from approval or review, to copyright and/or use my likeness in any and all media now or hereafter known, including but not limited to, pictures and videos of which I may be included intact or in part for promotion or other commercial use.

Print Name:

Signature:

Date Signed:



AMERICAN YOUTH FOOTBALL

Amateur Athletic Waiver and Release of Liability - Adult



ASSOCIATION NAME - _____

READ BEFORE SIGNING

IN CONSIDERATION OF being allowed to participate in any way in the American Youth Football (AYF) or American Youth Cheer Regional/National Championships, football and or cheer programs of _____, the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. acknowledges and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc. the Local Organization, their respective officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Participant's Name:

Participant's Signature:

Date Signed:

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child/ward's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

Emergency Phone Number: ()

NOTE: This form as with any and all forms used by your Association should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.