

2009 – 2010 Columbia Youth Basketball Association Coaching Application

Thank you for your interest in coaching a team with CYBA. If you *do not* have children participating in our league and are interested in coaching, please fill out the form below to assist with our assessment of your skills and talents. A League Director will contact you for additional details and to discuss opportunities in the upcoming recreational season.

If you have children participating in our league, please fill out the Volunteer Section of the player registration form.

Coaches and Assistant Coaches are subject to background checks. Signature and social security number required.

Name _____ **Social Security No.** _____

Address/City/Zip _____

Phone - Work _____ **Home** _____ **Cell** _____

E-mail _____

Driver's License No. _____ **State** _____ **Exp. Date** _____

Briefly describe your relevant basketball experience (coaching experience is not necessary):

Circle one:

Position Preferred:	Head Coach	Assistant Coach				
Grade/Gender Preferences:	Girls 4th Girls 5th Girls 6th Girls 7th Girls 8th – 12th	Boys 4th Boys 5th Boys 6th Boys 7th Boys 8th/9th Boys 10th – 12th				
T-shirt size:	Small	Medium	Large	XL	2XL	3XL

Yes, I would like to sponsor a team for \$175.00. Please contact me at:
Phone _____ **E-mail** _____

The information I have provided will be verified by obtaining a background check. In addition, Columbia Youth Basketball Association may contact persons or organizations, which may have information concerning me. I hereby release and agree to hold harmless any person or organization that provides information. I also agree to hold harmless the Columbia Youth Basketball Association, the Board of Directors and agent thereof, and any person or organization that provides any information and/or is involved in the decision-making process. I further understand that there is NO guarantee that I will be awarded any position based on this application or based on any interview process.

The Columbia Youth Basketball Association acknowledges that the information provided in this document is private and confidential, and it will not be disclosed.

Initials _____

In signing this application, I affirm that the information I have given is true and correct. I also affirm to abide by the Coaches Code of Conduct in any event or communication that involves me as a coach and/or representative of the Columbia Youth Basketball Association.

Signature of Applicant _____ **Date** _____

Please mail form to: **CYBA**
PO Box 30725
Columbia, MO 65205
Questions: cybahoops@yahoo.com or (573) 875-8124