



ALLSTAR Sports Coach Application

Thank you for taking the time to fill out this application. We appreciate your willingness to be considered as an ALLSTAR coach. Based on the number of teams we have and our need for coaches, we will contact you if you are needed.

Section 1

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Cell Phone Provider: (if you want text messages regarding game cancellations) _____

Email Address _____

Sport: Basketball Soccer

Are you a member of a local church? Yes No If yes, where? _____

Gender: M F Date of Birth ____/____/____

Section 2

1. Please share your testimony of how you came into a personal relationship with Jesus Christ.

2. Please mark which league you prefer to coach.

Division	Boys	Girls
Kindergarten-1 st Grade	_____	(Co-Ed) _____
2 nd -3 rd Grade	_____	_____
4 th -6 th Grade	_____	_____

3. What is your preferred practice day? M T TH F

4. What is your preferred practice time? 5pm 6pm 7pm 8pm

5. What is your shirt size? MEN: S M L XL XXL XXXL WOMEN: S M L XL XXL XXXL

6. Please list your children who will be playing in this year's ALLSTAR Basketball league, if applicable.

Child's Name	Grade	Gender		I plan to coach my child's team	
		M	F	Yes	No
_____	_____	M	F	Yes	No
_____	_____	M	F	Yes	No
_____	_____	M	F	Yes	No

7. Have you ever coached in an organized Children's Basketball league before? Yes No

8. Do you know of someone who might be interested in coaching ALLSTAR Basketball this year?

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc) may have a negative effect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

Coach's Signature: _____ Date: _____