



South Dakota Junior Football

PO Box 88801
 Sioux Falls, SD 57109-8801
 605-334-3140
www.SDJuniorFootball.com

Coaching Application

First Name:	Last Name:
Street Address	City, State, Zip
Home Phone:	Cell Phone:
Work Phone:	E-mail:

Are you a returning Head Coach? No _____ PeeWee _____ Junior _____ Senior _____ Team: _____
 Are you a returning Asst Coach? No _____ PeeWee _____ Junior _____ Senior _____ Team: _____
 Coaching Position Desired: Head Coach _____ Asst Coach _____
 Division Desired: PeeWee _____ Junior _____ Senior _____
 Does your son play? No _____ Yes _____ Name of Player: _____

Coaching Experience

SD Junior Football	Year(s)
Sport	Year(s)
Sport	Year(s)
Sport	Years(s)

Playing Experience

Sport	Year(s)
Sport	Year(s)

Why do you want to coach?

Coaching Agreement

As a coach, I understand and agree to the following:

1. As a coach, I will support, promote, and participate in all league activities.
2. I will exhibit good sportsmanship and self-control and act in a professional manner at all league events.
3. I will abide by and promote the goals, objectives, code of ethics, rules and procedures of the league.
4. Returning coaches must be in good standing in order to maintain seniority.
5. If approved by the league, the coaching position is approved for only one season.

Criminal History and Record Authorization
 I will register with the "National Center for Safety Infnitives" at www.ncsisafe.com. You are required to register upon notification of accepting a team coaching position.

By signing below, I acknowledge that specific educational materials on concussions are available for my review at the website of South Dakota Junior Football at www.sdjuniorfootball.com and that I will review them.

Signature: _____ **Date:** _____