

# Clayton County Parks & Recreation Athletics Coaching Application

(Please note: The Clayton County Athletics Executive Board reserves the right to accept or reject any application.)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**What Park?** \_\_\_\_\_ **Age Group:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*Please place a check in the box to indicate the appropriate age and coaching position, for which you would like to be considered:*

AGES	HEADCOACH	ASST. COACH
<b>5-6</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7-8</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9-10</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11-12</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13-14</b>	<input type="checkbox"/>	<input type="checkbox"/>

Coaches who will be assisting you or you will be assisting: \_\_\_\_\_

Names of any children in the program: \_\_\_\_\_

***Previous Coaching Experience:***

Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_

***References***

NAME	ADDRESS	TELEPHONE NUMBER

**Please answer the following questions:**

1. Why do you want to coach youth sports?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What is your coaching philosophy and style?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What specific skills will you teach and what method will you use?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_