

Field of Dreams Coaches Application

www.playfod.com E-mail nkfl1@aol.com

All coaches must be approved by FOD before they are allowed to coach in any activities at FOD

NAME: (please print) _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE:(H) _____ (C) _____

DATE OF BIRTH: _____

Sport Coaching: Soccer ___ T-Ball ___ GSB ___ BB ___ Football ___

COACHING POSITION DESIRED (circle one) HEAD ASSISTANT

Team Coaching _____ Age _____ Division _____

COACHING EXPERIENCE: _____

If accepted as a coach with the FOD, I promise to uphold the rules, regulations and directives of the league. Further, I understand and agree that:

1. All players must play a minimum of 10 plays per game.
2. Allowing an ineligible player to participate shall result in Head Coach suspension and game forfeiture.
3. Head Coaches are responsible for the conduct of their teams, assistant coaches, players and parents.
4. I am subject to a criminal background check and do hereby release and permit the FOD to conduct the same.

I also understand that I am expected to have a thorough knowledge of all the rules involved.

Applicant's Signature: _____ **Date:** _____

FOD action (circle one): _____ **Approved** _____ **Disapproved** _____

FOD Signature: _____ **Date** _____