



Wrestling Coach Application Form

(Please print clearly)

Applicant's Name: _____

If you are an assistant coaches, what is the name of your head coach? _____

Division: North – Central – South (circle one)

Street Address: _____

Mailing Address: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Phone: _____

Current Employer: _____ Phone: _____

List past coaching experience (sport, age group, organization):

1. _____
2. _____

List two references not related (name and phone number):

1. _____
2. _____

I certify that all information is accurate and correct and that I will be subject to a background screening conducted by Southeastern Security Consultants, Inc. If selected as a volunteer coach, I am responsible for attending the coaches' orientation and becoming a member of the National Youth Sports Coaches Association by completing the online certification process at www.nays.org. Furthermore by signing below, I acknowledge and agree to abide by the CCPR Sports Code of Ethics and that failure to comply could result in the loss of coaching privileges. Ethic details can be found at www.co.cal.md.us/sports.

Signature: _____ Date: _____

Signature of parent if under the age of 18.

Have you completed a background check in 2018? If yes, date _____

If not, go to <http://www.co.cal.md.us/index.aspx?nid=2144> to register.