

# Corpus Christi Head Coach Application

2011-12 School Year

Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ (All coaches must have a valid email address that is checked on a regular basis. There are too many coaches to contact individually.)

Sport and Grade you would like to coach: \_\_\_\_\_

Boys or Girls team? \_\_\_\_\_ My child would be on this team: (Yes) or (No)

If you are not assigned as a head coach, would you consider assisting the coach of another team? (Yes) or (No)

If yes, which team/coach? \_\_\_\_\_

What prior experience do you have coaching or playing sports?

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What days & times do you want to have practice? \_\_\_\_\_

What days & times can you NOT practice? \_\_\_\_\_

Do you already have someone willing to help you coach? (Yes) or (No)

If so, who will be helping you? \_\_\_\_\_

Have you taken the Child Protection test in the last 8 months? (Yes) or (No)

If no, when do you plan to get certified? \_\_\_\_\_ (Everyone must be certified in order to coach, including assistant coaches. Contact Rick in the Parish Office, 342-5474, for further details.)

Have you taken the online concussion course for the current academic year? (Yes) or (No)

If no, when do you plan to take the test? \_\_\_\_\_ (State law requires coaches to be trained in dealing with concussions. To take the free online course, go to <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>. Please print certificate at conclusion of the course and submit with application or deliver it to the Sports Director in charge of your sport.)

Please return to: School Office or Parish Office, "Attn: Booster Club Athletic Director"