



COACH'S APPLICATION
Katy Youth Basketball

PLEASE READ CAREFULLY AND COMPLETE THE FOLLOWING STEPS:

- 1. Completely fill out Sections 1-4 of this application AND the "Consent for Criminal Background Check" form that is attached.
2. Turn in the completed application and the "Consent for Criminal Background Check" form.

NOTE: The KYB Board of Directors reserves the right to review and/or revoke the coaching status of any applicant or coach due to failure to pass a background check, moral or ethical improprieties, or a violation of the Contractual Agreement.

Thank you,
KYB Board of Directors

SECTION 1 - PERSONAL INFORMATION:

Last Name _____ First Name _____
Address _____ City/State/Zip _____
Home Ph. _____ Work Ph. _____ Cell Ph. _____
Email Home _____ Email Work _____

SECTION 2 - COACHING EXPERIENCE:

Organization _____ Team _____ Age group coached _____ Years _____
Organization _____ Team _____ Age group coached _____ Years _____
Other experience information: _____

SECTION 3 - CONTRACTUAL AGREEMENT:

Coaches Agreement:
• Focus – I understand that the Katy Youth Basketball Program is designed for the development of our Katy Youth.
• Responsibilities – I recognize that an important part of my coaching responsibility is to teach and demonstrate to all participants' (players & parents) good sportsmanship, discipline, self-confidence, teamwork and cooperation.
• Coaches Meeting & League Rules – I understand that I'll be required to attend a coaches meeting prior to the start of the season, where the KYB league rules, policies and procedures will be explained. I agree to abide by the regulations of the League and decisions reached by the KYB Board of Directors.
• Commitment – I wish to contribute to the youth of our community, and therefore submit this application to coach in the Katy Youth Basketball Program.

I _____ have read the above Statement of Purpose and commit myself to helping fulfill the purpose of Katy Youth Basketball as stated above. I realize that my attitude and actions at all times reflect on me, Katy Youth Basketball, my team and my players. Also, I acknowledge that if at any time my character, attitude, or integrity is called into question that my coaching status may be reviewed by the Katy Youth Basketball Board of Directors and action may be taken to limit or prevent my participation with KYB. Finally, I understand that the physical, emotional, and spiritual safety of the children involved is of utmost importance to the integrity of Katy Youth Basketball. During the time that I may be a coach for KYB I promise to abide by the policies of KYB and set a positive example of sportsmanship and character for all of the children involved in KYB.

Coach's signature _____ Date ____/____/____

(MORE INFORMATION ON NEXT PAGE)

PLAYER INFORMATION & COACHING PREFERENCES

Team #1 Information

Child's Name: _____ Child's Date of Birth: _____

Child's School: _____ Child's Subdivision _____

Child's KYB Division:

Girls: Rookie _____ Fresh/Soph _____ Jr/Sr _____

Boys: Rookie _____ Freshman _____ Soph _____ Junior _____ Senior _____ Colleg. _____

Winter Season Only:

Division Desired: Drafted Division _____ Non-draft Division _____

Position Desired: Head Coach _____ Assistant Coach _____

Team #2 Information

Child's Name: _____ Child's Date of Birth: _____

Child's School: _____ Child's Subdivision _____

Child's KYB Division:

Girls: Rookie _____ Fresh/Soph _____ Jr/Sr _____

Boys: Rookie _____ Freshman _____ Soph _____ Junior _____ Senior _____ Colleg. _____

Winter Season Only:

Division Desired: Drafted Division _____ Non-draft Division _____

Position Desired: Head Coach _____ Assistant Coach _____

If 2 teams specified, what is your preference (please circle one) :

Coach Both Teams / Coach Team # 1 / Coach Team # 2 / Coach 1 team - No Preference

Practice Preferences

Due to limitations on gym space we are no longer able to consider practice preferences (with the exception of 4:30 practices – see below). However, we do want to accommodate your needs as best as we can. Please indicate any days or times when you are absolutely **UNABLE** to practice.

Days unable to practice _____ Times unable to practice _____

4:30 Practices: We earnestly need coaches who are able to practice at 4:30. If you are able to help us by taking a 4:30 practice, we will allow you to indicate your preferences for schools and days and we will do our best to fill them.

Use this section ONLY if you can practice at 4:30!

School Preference _____ Days _____
(*only applicable for 4:30 practices)

• **Two Team Coaches:** If you are requesting to coach two teams, do you request back-to-back practices?: **Yes / No**

Preferences - There are NO GUARANTEES, but we would like to know if you have any:

School(s) _____ Days _____ Times _____

**CONSENT AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION
KATY YOUTH BASKETBALL**

It is critical that the KYB Board maintains the safety of all the children in our program. To that end, your signature below gives KYB and/or its agent direct authorization to conduct a background check for the sole purpose of determining eligibility to participate as a coach in KYB. It is our policy to preserve the privacy of all our coaches. No information will be shared with any other organization. Additionally, adverse information will be shared within the board on a mission critical basis only.

The investigation will include, but is not limited to, a Social Security # Verification, Name verification, county criminal history, statewide criminal history, National criminal history, and sex offender registrations information.

Full Legal Name _____

Maiden Name or other Names used _____

Social Security Number (for ID purposes only) _____

Date of Birth (for ID purposes only) _____

I _____ hereby authorize, without reservation, Katy Youth Basketball (KYB) and the directors, officers, employees, and agents of the foregoing, and any party of agency contracted by above named organization and their directors, officers, employees, and agents, to obtain information relating to my criminal history record. I understand that the criminal history record, as received from reporting agencies, may include arrest and conviction data as well as plea bargain and deferred adjudications. Contact may be made with law enforcement agencies, government agencies, and state level agencies to provide any information concerning my background and to furnish information to KYB or it's agents. I release and hold harmless all parties involved for any errors and/or omissions with regard to information reported. I understand that any errors and/or omissions will be investigated thoroughly until resolved. I understand that this information will be used, in part, to determine my eligibility to be a coach for KYB. I also understand that as long as I remain a coach for KYB, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review my criminal history records check information and that a procedure is available for clarification, if I dispute the record as received from the reporting agencies. I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Katy Youth Basketball and each of their officers, directors, and agents harmless from and against any and all cases of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer coach for Katy Youth Basketball.

This authorization and consent shall be valid in original, fax or copy form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Printed Name _____

Signature _____

Date _____