



Coaching Application Form

____/____/____
(Date)

Personal Information

Legal Name: _____

Race: _____ Date of Birth: _____

(Legal Name, Race, and Date of Birth required for background check)

Street Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Shirt Size: (adult) S M L XL XXL XXXL _____ (Specify)

Activity: Please select all that apply – only one form is needed (i.e. for camp and season)

Boys' Football Camp

Boys' Youth Football

Boys' Varsity Football

Other: _____

Please indicate if there is a specific team/level desired: _____

If you have a son or daughter you would like to coach, please provide their name, age and sport: _____

Coaching Experience: List your recent experiences as a coach (last three positions):

Why do you want to coach this sport?

List the current memberships (religious – church affiliation, community, business, labor or professional) in which you are enrolled.

Please list a few of your coaching philosophies:



West Michigan Christian Athletic Association



P.O. BOX 72
BYRON CENTER, MI 49315
Phone (616) 299-6551 WWW.WMCAA.ORG

References - Please list at least three persons who are familiar with your character as it relates to working with youth (coaching references, if possible). Include name, current phone number and how you are acquainted with the reference. Do not include anyone associated with WMCAA.

Name	Phone #	How you are acquainted

It is understood that the WMCAA, Inc. is a Christian organization, though not a church, and that the organization as a whole follows God's mandates to be Christ-like in demeanor, pure in heart, and to not lead others into sin. It is critical that biblical principles be brought to light to the young lives that will be involved in our sports programs through the teaching and example of our coaches.

It is the policy of the West Michigan Christian Athletic Association, Inc. (WMCAA, Inc.) that our coaches are not under the influence of alcohol or any other controlled substance while working with the students in any coaching capacity. This includes the time before a game, during a game, following a game and traveling to and from a game. This also includes any function in which you are representing WMCAA, Inc. as a coach.

- 1) Do you agree to abide by this requirement? Yes No
- 2) All smoking within the presence or sight of the players is prohibited.
Do you agree to abide by this requirement? Yes No
- 3) Do you use illegal drugs? Yes No
- 4) Have you been convicted of any criminal offense? Yes No
- 5) Have you ever been charged with and/or convicted of child neglect and/or abuse? Yes No
- 6) Has your driver's license ever been suspended or revoked? Yes No

If you answered yes to any of the preceding four questions (3-6), please explain below.

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? If yes, please explain.

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless the West Michigan Christian Athletic Association, Inc. (WMCAA, Inc.), Board Members and volunteers thereof.



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Coaches Code of Ethics:

- I will lead by example in demonstrating kindness, consideration and fair play to all my players in a way that honors God and blesses my players.
- I will purposefully work to promote the goals of the association.
- I will place the emotional, physical and spiritual well being of my players above my personal desire to win.
- I will strive to treat each player as an individual bearer of God's image:
 - treat each player with equal respect and concern,
 - keep in mind their emotional and physical differences.
- I will hold myself to a higher standard in providing a safe playing situation for my players, teaching them to respect their own, and other, God-given bodies.

WMCAA Statement of Faith:

1. **We believe** in a personal, Eternal God as the Creator of all things.
2. **We believe** that we are created in God's image; therefore we owe him our deepest love and respect.
3. **We believe** that human nature fell into sin, is sinful, and is in need of a Savior.
4. **We believe** that Jesus Christ is God's Divine Son; sent to this world to save sinners.
5. **We believe** that the Holy Spirit is fully God, and dwells within all those who believe in Christ Jesus.
6. **We believe** that *all* of life is to be lived for the glory of God, including our play.

In signing this application, I have read and agree to abide by the above policies, Code of Ethics and Statement of Faith. I am willing to cooperate with the WMCAA, Inc. and will abide by the rules of the Association and any decisions made by the Board Members on behalf of the WMCAA, Inc. I affirm that the information I have given on this form is true and correct.

SIGNATURE _____

DATE SIGNED _____

The WMCAA Official Board reserves the right to not select an applicant without cause.

WMCAA Use Only:

Date Interviewed: _____ WMCAA Interviewer: _____

References: _____	Date Checked: _____
_____	Date Checked: _____
_____	Date Checked: _____

WMCAA Representative checking references: _____

Check box when completed:

- Date the Registered Sex Offender Websites were checked _____
Results: (state) www.michigan.gov/ICHAT - _____; www.mipsor.state.mi.us - _____
(federal) www.familywatchdog.us - _____
- Date Recommended to Board of Directors for specified position: _____
- Date Board Accepted: _____ Denied: _____



Insurance Required Release Form

Waiver/Release - **RELEASE OF LIABILITY FOR ADULT PARTICIPANTS - READ BEFORE SIGNING**

IN CONSIDERATION OF _____, I agree to participate in any way in the related events and activities of the West Michigan Christian Athletic Association (WMCAA). I the undersigned acknowledge, appreciate, and agree that:

The risk of injury to myself from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- 1) FOR MYSELF, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from the participation and bring such attention of the nearest official immediately; and,
- 3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the West Michigan Christian Athletic Association (WMCAA) its directors, officers, coaches, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(ADULT SIGNATURE)

(PRINT NAME)

Date Signed: _____