7on7 Flag Coach Information

Coach's name _____ **Contact Number** _____

Email _____

Today's date _____ **League affiliation:** _____

Shirt size: **1.** **S** **M** **L** **XL** **XXL** **2.** **S** **M** **L** **XL** **XXL**
[2 coach shirts per team]

Grade division: **1** **2** **3** **4** **5** **6** **7** **8**

Name of team: Please pick an NFL team name and first choice of shirt color. **Color is not guaranteed.**

First choice _____ Shirt color: _____

Second choice _____ Shirt color: _____

Available to play on: Sunday Tuesday Wednesday Thursday

Personal information:

Have you been charged with or convicted of a criminal offense, misdemeanor, or felony of any kind, including sex related or child abuse related offenses (excluding minor traffic violations)? **Yes** **No**

If yes, please explain:

I have read and understand the Code of Ethics/Expectations and Safe Kids Program of the league? [see PDF on the website] **Yes** **No**

I will support and follow all expectations and guidelines of the football league? **Yes** **No**

By signing this application, I hereby verify the information provided is true and accurate. I give Springfield Football League permission to conduct a criminal background check.

Signed _____ **Date** _____

Please scan and email to springfieldyouthfootball@hotmail.com or mail to 197 Golf Road, Springfield, 62704