



LEWISVILLE FOOTBALL ASSOCIATION

COACHES APPLICATION

Name: _____ Hm Phone: _____ Cell/WK: _____

Address: _____ City: _____ Yrs Local Res: _____

Email: _____

You must agree to a background check and we will need your driver's license number and date of birth.

DL#: _____ State: _____ DOB: _____

Please indicate in the following matrix your full years of experience in the LFA starting with the 1990 season except where noted 1999. The categories that request experience since 1999 include assistant coaches.

Flag Assist	Flag Head	Tackle Assist	Tackle Head	Made Playoff (Final Four) Starting 1999	Played City Championship Starting 1999	Won City Championship Starting 1999	Assist Board Member	Board Member	NYSCA Certified Yes or No

List position "Head" or "Assistant" and age group desired: 1st Choice: _____ 2nd Choice: _____

Do you have a child participating? _____ Age: _____

Please indicate the LFA Head Coaches you assisted in the past: _____

This section is for coaches new to the LFA Only:

Football Years Head Coach: _____ Assistant Coach: _____

What Organization: _____ City: _____ State: _____

Reference Names and Phone Numbers to contact (3): _____

All Head Coaches and where appropriate Assistant Coaches must agree to adhere the following rules: Player Participation (each player must have an offensive or defensive position and play first 4 downs in each series with shuttle players being the only exception); be responsible for fund raiser; be responsible for conduct of coaching staff, players, and parents at games and practices; be responsible for bowl game participation; turning in all equipment after each game; abide by all rules of the LFA; and treat all players fairly. These are just a few of the more important rules , the rule book must be referred to for a full and complete understanding of your responsibilities.

My signature below indicates that the above information is accurate and any inaccuracies may result in my dismissal as a coach in the LFA.

Signature: _____ Date: _____

