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**Coaches Application**  
**Dale City Sports Club**  
**P.O. Box 6815**  
**Woodbridge, VA 22193**  
[www.dalecitysportsclub.org](http://www.dalecitysportsclub.org)

**Check your preference:**

- |  |  |  |  |
|--|--|--|--|
| <b>House</b> <input type="checkbox"/>    | <b>Travel</b> <input type="checkbox"/>   | <b>Flag</b> <input type="checkbox"/>     | <b>Cheer</b> <input type="checkbox"/>    |
| Head Coach <input type="checkbox"/>      | Head Coach <input type="checkbox"/>      | Head Coach <input type="checkbox"/>      | Head Coach <input type="checkbox"/>      |
| Assistant Coach <input type="checkbox"/> | Assistant Coach <input type="checkbox"/> | Assistant Coach <input type="checkbox"/> | Assistant Coach <input type="checkbox"/> |

Last Name:		First Name:		Middle Int:
Street Address:		City		State/Zip Code
Home Phone:	Cell Phone:	Work Phone:	DL #:	
Employer:		DOB:	Age:	
Email Address:		Area of Choice:		Division of Choice:
No of years coaching		Team coached		Club
Reference (Name and Phone):				

I understand that as a DCSC representative, I am responsible for my conduct, my team and parents, and I will exemplify the highest standards possible at all times. I understand that I must abide by this contract and all Rules of Play and that any violations reported to and confirmed by the Board of Directors may result in disciplinary action or my removal as a coach during this or any future season as decided by the Board of Directors. I understand that there may be mandatory meetings which I, or one of my staff, must attend. I understand that as a DCSC Representative I am responsible for the maintenance, care and return of all equipment issued to the players on my team no later than two weeks after the last game of the season. In the case where equipment is not collected, the DCSC shall be notified and may collect financial compensation from the family of the player(s) involved.

Signature of Applicant:	Date:
Approved by (Name/Board Position):	Date: