



Cornerstone Family Church

UPWARD SOCCER COACH AND REFEREE APPLICATION

__Yes, I plan to coach Upward Soccer __Yes, I plan to referee Upward Soccer

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (cell) _____ (home) _____ (work) _____

Email _____

Are you a member of a local church? __Yes __No If Yes, where? _____

Gender: __M __F Date of birth ____/____/____

1. Circle the Co-ed Division you prefer to coach. Underline the Co-ed Division you prefer to referee.

Kindergarten 1st/2nd 3rd/4th 5th/6th

2. Circle your preferred practice day: Tuesdays OR Thursdays
Practices are from 6 to 7 pm but fields are ready by 5:30 pm if your players can arrive early.

3. Circle the Upward coach/referee shirt size?
Men: S M L XL XXL XXXL XXXXL Women: S M L XL XXL XXXL

4. Please list your children who will be playing in this year's Upward league, if applicable:
Table with 4 columns: Child's Name, Grade, Gender, I plan to coach my child's team

5. Have you ever coached soccer before? __Yes __No Coached Upward Soccer? __Yes __No

6. Have you ever refereed soccer before? __Yes __No Refereed Upward Soccer? __Yes __No

7. Have you made a personal commitment to Jesus Christ? __Yes __No
Please share a little about your relationship with Jesus. (Use the back of this sheet if needed.)

8. Do you know of someone who might be interested in coaching/refereeing Upward Soccer?
Name _____ Phone _____

9. Please circle which Coach/Referee Training you will attend:
Session 1: Thursday, August 16, 6 to 8 pm (Bldg 2, Classroom 210-D) Food will be served
Session 2: Saturday, August 18, 10 am to noon (Bldg 2, Classroom 210-D) at each session.

I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc.) may have a negative effect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

Coach's/Referee's Signature _____ Date _____