BROKEN ARROW YOUTH FOOTBALL ASSOCIATION, INC.
COACHING APPLICATION

*EXHIBIT "**A**"*

DATE: _____

POSITION APPLYING: _____ AGE GROUP: _____ CIRCLE ONE: TACKLE FLAG CHEER

NAME: _____
LAST FIRST MIDDLE

AGE: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

PLACE OF EMPLOYMENT: _____

E-MAIL ADDRESS: _____ FAX: _____

SPOUSE: _____

NAME, AGE & ACTIVITY OF CHILDREN ENROLLED IN BAYFA: _____

_____

HAVE YOU BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE STATE FOR EACH SAID CONVICTION, THE DATE OF CONVICTION, THE OFFENSE OFWHICH YOU WERE CONVICTED AND THE COUNTY IN WHICH YOUR WERE CONVICTED:

_____

_____

PLEASE STATE IN DETAIL YOUR PRIOR EXPERIENCE THAT WOULD BENEFIT AND ASSIST YOU IN PERFORMING YOUR DUTIES AND ACTIVITIES FOR WHICH THIS APPLICATION IS MADE:

_____

_____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF APPROVED, FALSIFIED STATEMENTS WILL BE GROUNDS FOR DISMISSAL."

"I AUTHORIZE BAYFA AND/OR IT'S AUTHORIZED AGENT TO INVESTIGATE ANY AND ALL STATEMENTS AND INFORMATION CONTAINED WITHIN CONCERNING PREVIOUS COACHING ASSIGNMENTS AND/OR ANY PERTINENT INFORMATION, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU."

THE POSITION OF HEAD COACH OR ASSISTANT COACH, TACKLE, FLAG, CHEERLEADING, OR TEAM MOM IS AN APPOINTED POSITION BY THE BOARD OF DIRECTORS OF THE BROKEN ARROW YOUTH FOOTBALL ASSOCIATION, INC. PERSONS APPROVED AND DESIGNATED AS SUCH WILL HOLD THAT POSITION FOR AN INDEFINITE PERIOD OF TIME. REGARDLESS OF THE DATE OF APPROVAL OF POSITION, THE APOINTEE MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE FOR WHATEVER REASON (S) THE BAYFA BOARD OF DIRECTORS DEEM NECESSARY.

_____
SIGNATURE OF APPLICANT DATE