



# Upward Basketball Coach and Referee Application

- YES, I plan to coach Upward Basketball.  
 YES, I will help referee Upward Basketball.

## SECTION 1

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Are you a member of a local church?  Yes  No If yes, where? \_\_\_\_\_  
Gender:  M  F Date of Birth / / \_\_\_\_\_

## SECTION 2 (please circle)

1. Mark which league you prefer to coach with a "C." Mark which league you prefer to referee with an "R."

League	Boys	Girls
Kindergarten (Co-Ed)	_____	_____
1st and 2nd Grade	_____	_____
3rd and 4th Grade	_____	_____
5th and 6th Grade	_____	_____

2. What is your preferred practice day? M T W Th F 3. What is your preferred practice time? 6pm 7pm 8pm

4. What is your shirt size? MEN: S M L XL XXL XXXL WOMEN: S M L XL XXL XXXL

5. Please list your children who will be playing in this year's Upward league, if applicable.

Child's Name	Grade	Gender	I plan to coach my child's team	
_____	_____	M F	Yes	No
_____	_____	M F	Yes	No
_____	_____	M F	Yes	No

6. Have you ever coached Upward Basketball before? Yes No  
7. Have you ever refereed Upward Basketball before? Yes No  
8. Have you ever played Upward Basketball before? Yes No  
9. Have you made a personal commitment to Jesus Christ? Yes No

Please share a little about your relationship with Jesus. (Feel free to use the back of this application if you need more room.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you know of someone who might be interested in coaching or refereeing Upward Basketball this year?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

11. Please circle which Coach and/or Referee Training Conference you will attend at The PARC, room 503:

Veteran Coaches (2+ yrs exp) - Session I : Date: Sept 26, 2:00-3:30pm OR Session II: Date: Oct 7, 7:00-8:30pm (snack/meal)

Rookie Coaches (0-1 yrs exp) - Session I : Date: Oct. 10, 1:00-4:30pm OR Session II: Date: Oct. 21, 6:00-9:30pm (snack/meal)

Referee Training - Session I: Date: Nov 30, 6:30-8:30pm OR Session II: Date: Dec. 9, 6:30-8:30pm

*I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc) may have a negative affect 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 and/or Referee's Signature \_\_\_\_\_ Date \_\_\_\_\_