



# South County Basketball Academy SCBA Coaching Contract

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

List the info you agree to be posted on the website and on player’s game schedule.

Email : \_\_\_\_\_ Best phone: \_\_\_\_\_

If you have not lived at the address above for the last two years, submit previous address.

Coaches will be subjected to background checks

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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I am applying for a coaching position in: Circle: BOYS GIRLS Division: A B C D

Name of the player you want to coach: \_\_\_\_\_

Previous coaching experience:

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

No prior coaching experience is required to coach..

If I am accepted to a coaching position I know I must be firm but positive in my dealing with players, fellow coaches, adults and officials. I know I must be early and prepared for my teams practices and games. I know I am responsible for the proper returning of equipment at the end of practice and proper cleanup of my bench after games. I know the importance of and accept the concept of Team re-evaluation – team balancing. I know it is my responsibility to train a backup coach in case of my absence.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_