## AMADOR JUNIOR BUFFALOS FOOTBALL & CHEER ORGANIZATION

**Application to Coach** 

Last Name			Fii	rst Name			Middle Initial			
Street Address				Mailing Address						
City, ST ZIP				City, ST ZIP						
Home Phone				Alternate Phone						
Email Address			I							
esired level (CIRCLE ONE) Desired position (CIRCLE ONE)										
JR NOVICE NOVICE JV VAR	HEAD COACH	ASST COACH	OFFE	NSE DEI	FENSE	SPECIAL	TEAMS CHE	EER YOUTH		
Is your child an AJB athlete?	YES	NO	If	YES, wh	nat tean	n? <b>JR</b>	NOVICE NO	VICE JV	VAR	
Describe your previous coaching										
Shirt Size MEN LADIES		S M		XL2X3X4XHat Size						
Please describe any health issues that n	nay affect y	our participa	ation in A	JB Footbal	l and Che	er.				
Please list any medications you take.										
Doctor's Name				Phone Number						
Health Insurance				Group/Member Number						
Emergency Contact					Emer Contact Ph Number Emer Contact Relationship					

**\_\_\_\_\_ LIABILITY RELEASE:** By signing below, I agree to the following terms. I assume all risk of participation including transport to and from the activity and waive, absolve and agree to hold harmless the Amador Junior Buffalos Football and Cheer Organization and the Foothill Youth Football League, including organizers, directors, board members, sponsors, participants, and persons transporting me to and from activities, for any claim arising out of any injury to said child.

**MEDICAL TREATMENT CONSENT:** I hereby give my permission and consent for any and all medical care prescribed by a duly licensed Doctor of Medicine for me. This care may be given under whatever conditions are necessary to preserve my life, limb, or well-being.

\_\_\_\_\_PHOTO RELEASE: I grant the Amador Junior Buffalos & Cheer Organizations of Jackson, CA, its representatives and employees, the right to take photographs or videos of me in connection with my participation in any AJB-related events. I authorize AJB to copyright, use and publish the same in print and/or electronic media. I agree that AJB may use such photos or videos of me or of my child, with or without names, and for any lawful purpose, including, but not limited to, publicity, illustration, advertising, and web content.

**DECLARATION OF REGISTRATION:** I attest that all the above information provided by me is true, correct, and complete to the best of my knowledge.

Signature

Date

APPLICATION CHECKLIST

APPLICATION

BOARD APPROVAL