JUNIOR COACH APPLICATION

If applying, please consider the amount of time required to coach a squad, which includes games on weekends. A face to face interview may be required to be considered for a coaching position.

Name:		
Address:	City:	
Cell Phone:	Email:	· · · · · · · · · · · · · · · · · · ·
Parents' Name(s) and Email:		
Emergency Contact Person:	Phone:	
Age next August:	Grade next August:	
List any activities or clubs you are i	nvolved with at school:	
Do you have a job? Circle one: Ye	es No	
Were you previously a Jr. Coach fo	or WTCP? Circle one: Yes	No
If you were previously a Jr. Coach,	answer the following 3 questi	ons:
1. Which team		
2. What did you like about th	ne program?	
3. What changes do you thir	nk could be made?	
Applying for: Cheer Pom Lev	vel Preference: 1st:	2nd:
Co-coach request:		
I understand I'm committing to 2-3 I understand that I committing to at I would like to coach with WTCP be	tend a 1 day IRCA training: C	
List any activities or clubs you are i	nvolved with at school:	
Please list the following: Your cheer/dance experience:		
Your experience with children:		
Your community involvement:		
*Parent/Guardian Signature: I understand communications with	my child may he via email/tev	_ Date:t messages: Initial

*Must have parent signature. Interviews may be required to be considered for a coaching position. Mail completed application to: WTCP PO Box 7556, Gurnee, IL 60031