

Greater Cabarrus Athletic Association
Coaches Application

Name: _____
Last First Middle

Address: _____
Street City/State Zip Code

Home Phone _____ Cell Phone _____

Email: _____

Sport(s) that you are applying for: _____

Hours you are available to coach: _____

Days that you are unavailable: _____

How did you hear about GCAA: _____

Are you currently a homeschool parent? Yes or No Do you have a child you would like to coach? Yes or No
If yes, child's name: _____ Age: _____

Current Memberships (religious, community, business, labor or professional):

If applying for head coach, do you plan on having any assistant coaches or helpers? Yes or No
Please give names, addresses and phone numbers.

Please list prior coaching experience:

In signing this application, I have read the GCAA handbook and the guidelines for the sport that I am interested in and I will cooperate with them. I am willing to cooperate with the Association and will abide with the rules of the Association and any decisions made by the GCAA board members on behalf of the Association. I affirm that the information that I have given on this form is true and correct.

Signature: _____ Date: _____

Printed Name: _____

The athletic director or board member will contact you, or the head coach of your sport after the application is reviewed. Applicants may also be asked to attend a GCAA board meeting for an interview.