



## SCYBA Coaches Application

PLEASE MAIL THE APPLICATION BEFORE OCT 18<sup>TH</sup> TO:  
SCYBA  
1400 VETERANS MEMORIAL HWY SUITE 134-246  
MABLETON, GA 30126

- Head Coach  
 Assistant Coach

(NOTE: THERE IS A \$17.50 FEE IF YOU ARE INTERESTED AND SELECTED TO BE AN ASSISTANT COACH)  
SCYBA COVERS THE COST OF BACKGROUND CHECKS FOR HEAD COACHES ONLY!!!

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What's the best way to contact you, phone call, email or text message? \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Home Number \_\_\_\_\_ Email Address \_\_\_\_\_

What age group(s) are you interested in coaching?  5-6  7-8  9-10  11-12  13-14  15-18  GIRLS

Child playing with SCYBA \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Child playing with SCYBA \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

How many years have you coached basketball? \_\_\_\_\_ Years Coached with SCYBA \_\_\_\_\_

Are you a certified basketball coach? \_\_\_\_\_ Certified with whom? \_\_\_\_\_

Have you coached any other sports? \_\_\_\_\_ What sport and how many years? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please provide detailed information \_\_\_\_\_

Your signature below will denote that all of the above information is truthful and accurate. You further pledge to Uphold and abide by the SCYBA By-Laws, and agree to promote good sportsmanship, fair play, and leadership to The Youth of SCYBA.

APPLICANTS SIGNATURE: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_



## Background Screening Consent Release Form

Name of Organization: South Cobb Youth Basketball Association (SCYBA)

Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I \_\_\_\_\_, authorize and give consent for the above named Organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- SSN verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. I Understand there may not be a Coaching position available at the time of form submission, and SCYBA may process my Application.

**(NOTE: THERE IS A \$17.50 FEE IF I AM INTERESTED AND SELECTED TO BE AN ASSISTANT COACH ONLY). SCYBA COVERS THE COST OF BACKGROUND CHECKS FOR HEAD COACHES ONLY!!!**

The \$17.50 fee for Assistant Coaches is DUE at the time of application submittal.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_