



Maryland Razorbacks Youth Football & Cheer Program
Coaching Application
301-856-3112



CHECK ONES THAT APPLY

<input type="checkbox"/> Football	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach

Last Name	First Name	Middle
Address	City, State	Zip
Home Phone	DOB	SSN:
Employer	Email	
Work Phone	Ext.	Age group you would like to coach

Your Coaching experience:	
Years of Coaching	Team/Organization & Address
Reference (Name & Phone):	

I understand that as a MARYLAND RAZORBACKS representative, I am responsible for the conduct of team, my parents, and myself and I will exemplify the highest standards possible at all times.

I understand that I must abide by this contract and all Rules of Play and that any violations reported to and confirmed by the Executive Board, may result in disciplinary action or my removal as a coach during this season or any future season as decided by the Executive Board.

I understand that there may be mandatory meetings, which my staff or myself must attend.

I understand that there will be a background check completed based upon the information I provided in the above application.

I understand that as a MARYLAND RAZORBACKS representative, in direct association with the players, I am responsible for the maintenance, care and turn-in of all equipment issued to the players on my team by no later than two weeks after the last game of the season. In those cases where equipment is not collectable, the MARYLAND RAZORBACKS will be notified and may collect financial compensation from the family of the player(s) involved.

By signing this application, I do confirm that the information on this application is accurate to the best of my knowledge.

Signature	Date

For organizations use only			
Was called on:	Team Assigned	Coaching Position	