



LEAYSA Cheerleading Coach Application	
Name:	Phone:
Address:	City/Zip:
Email:	Cell Phone:
Date of Birth:	Drivers License:
(Please circle desired position) Coach Asst Coach Age Group:	
Are you a returning coach? Yes No	
Do you have a child participating in LEAYSA Cheerleading?	
If not, please explain your interest in LEAYSA:	
List any previous coaching experience:	
List all coaching clinics or special skills:	
If accepted, do you agree to be financially responsible for LEAYSA equipment, and return any LEAYSA equipment at the end of the season? Yes or No	
Please give 3 local references	
Name:	Home Phone:
Relationship:	
Name:	Home Phone:
Relationship:	
Name:	Home Phone:
Relationship:	

House Bill 510 allows for background checks to be made on all applicants. By signing below, I agree to allow LEAYSA to perform this background check.

Fee for background check is \$10. Check payable to LEAYSA or cash accepted.

Signature: _____

League use only
Fee collected:
Initials: