

ARGONAUT JUNIOR MUSTANGS FOOTBALL & CHEER ORGANIZATION

P.O. BOX 1928 Jackson, CA 95642

Application to Coach

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address</i>	<i>Mailing Address</i>	
<i>City, ST ZIP</i>	<i>City, ST ZIP</i>	
<i>Home Phone</i>	<i>Alternate Phone</i>	
<i>Email Address</i>		
<i>Desired level (CIRCLE ONE)</i>	<i>Desired position (CIRCLE ONE)</i>	
JR NOV NOV JV VAR	HEAD COACH ASST COACH OFFENSE DEFENSE SPECIAL TEAMS CHEER YOUTH INSTRUCTOR	
<i>Is your child an AJM athlete?</i>	YES NO	<i>If YES, what team?</i> JR NOV NOV JV VAR
<i>Describe your previous coaching experience and related qualifications.</i>		
<i>Shirt Size</i>	MEN LADIES XS S M L XL 2X 3X 4X	<i>Hat Size</i>
<i>Please describe any health issues that may affect your participation in AJM Football and Cheer.</i>		
<i>Please list any medications you take.</i>		
<i>Doctor's Name</i>	<i>Phone Number</i>	
<i>Health Insurance</i>	<i>Group/Member Number</i>	
<i>Emergency Contact</i>	<i>Emer Contact Ph Number</i>	<i>Emer Contact Relationship</i>

_____ **LIABILITY RELEASE:** By signing below, I agree to the following terms. I assume all risk of participation including transport to and from the activity and waive, absolve and agree to hold harmless the Argonaut Junior Mustangs Football and Cheer Organization and the Motherlode Valley Football League, including organizers, directors, board members, sponsors, participants, and persons transporting me to and from activities, for any claim arising out of any injury to said child.

_____ **MEDICAL TREATMENT CONSENT:** I hereby give my permission and consent for any and all medical care prescribed by a duly licensed Doctor of Medicine for me. This care may be given under whatever conditions are necessary to preserve my life, limb, or well-being.

_____ **PHOTO RELEASE:** I grant to Argonaut Junior Mustangs Football & Cheer Organizations of Jackson, CA, its representatives and employees, the right to take photographs or videos of me in connection with my participation in any AJM-related events. I authorize AJM to copyright, use and publish the same in print and/or electronic media. I agree that AJM may use such photos or videos of me or of my child, with or without names, and for any lawful purpose, including, but not limited to, publicity, illustration, advertising, and web content.

DECLARATION OF REGISTRATION: I attest that all the above information provided by me is true, correct, and complete to the best of my knowledge.

Signature

Date

APPLICATION CHECKLIST
_____ APPLICATION _____ BOARD APPROVAL _____ BACKGROUND CHECK