



Sarasota Lightning Coaches Application



PERSONAL INFORMATION

Name (please print) _____

Address: _____

Home #: _____ Work # _____ Cell # _____

Email: _____ Date of Birth _____

FL. Drivers License # _____ SSN _____

Previous Experience: _____

POSITION APPLYING FOR

Please circle one in each category

Head Coach Asst. Coach

Cheer Football

6U Flag 8U 10U 12U 14U

The head coaches will choose assistant coaches. All coaches must be approved by the Coaches Committee. All coaches will be required to sign Coaches Code of Conduct. All applications will be retained by the league, and held for the season, but are CONFIDENTIAL. All decisions by the Board are final; any protest shall be handled in accordance with Lightning by-laws. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

References (Minimum of three with contact numbers)

1. _____

2. _____

3. _____

Have you ever been convicted of a Felony or **ANY** crime involving a child? _____

(If you answered yes, provide a detailed explanation on the back of this form) Note: you will be required to fill out a background check and meet certain standards established by Lightning, YFL and AYF.

Signature: _____ Date: _____

By signing this form you agree to allow the Lightning to perform a AYF mandated background check which could disqualify you from serving as coach.



AMERICAN YOUTH FOOTBALL

Image Release - ADULT

ASSOCIATION NAME - Lightning Youth Sports



READ BEFORE SIGNING

I (insert name) _____, in consideration of being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, do hereby grant to American Youth Football Inc., the unrestricted right and permission, free from approval or review, to copyright and/or use my likeness in any and all media now or hereafter known, including but not limited to, pictures and videos of which I may be included intact or in part for promotion or other commercial use.

Print Name:

Signature:

Date Signed:



AMERICAN YOUTH FOOTBALL

Amateur Athletic Waiver and Release of Liability - Adult



ASSOCIATION NAME - Lightning Youth Sports

READ BEFORE SIGNING

IN CONSIDERATION OF being allowed to participate in any way in the American Youth Football (AYF) or American Youth Cheer Regional/National Championships, football and or cheer programs of Sarasota Lightning, the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. acknowledges and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc. the Local Organization, their respective officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Participant's Name:

Participant's Signature:

Date Signed:

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF
REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child/ward's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

Emergency Phone Number: () _____

NOTE: This form as with any and all forms used by your Association should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.