



Upward Cheerleading Squad Leader Application



Section 1

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ (cell) _____

Email Address _____

Are you a member of a local church? Yes No If yes, where? _____

Gender: M F Date of Birth ____ / ____ / ____

Section 2

1. Circle the age group you prefer to coach.

Division _____

- Kindergarten
- Elementary

2. Are you willing to commit to a weekly Friday evening practice from 6:00pm-7:00pm? YES NO
(please note – the Kindergarten squads will ONLY practice on Saturdays once the games begin)

3. What is your shirt size? WOMEN: S M L XL XXL

4. Please list your children who will be playing or cheerleading in this year's Upward league, if applicable.

Child's Name	Grade	Gender	Sport	I plan to coach my child's team	
_____	_____	M F	basketball or cheerleading	Yes	No
_____	_____	M F	basketball or cheerleading	Yes	No
_____	_____	M F	basketball or cheerleading	Yes	No

5. Have you ever coached Upward Cheerleading before? Yes No

6. Have you made a personal commitment to Jesus Christ? Yes No

Please share a little about your relationship with Jesus (use the back of this application if you need more room).

7. Do you have someone in mind that you would like to coach Upward Cheerleading with this year?

Name _____ Phone _____

Name _____ Phone _____

**All coaches will need to complete and submit a background check with this application. Background check forms are available to download from the Church at Polaris Upward webpage.

I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc) may have a negative affect on a child's spiritual development. Understanding that the children on my squad have been placed under my guidance, I commit to setting a worthy behavioral example for them to look to.

Coach Signature _____ Date _____