



DIVISION: \_\_\_\_\_

TEAM: \_\_\_\_\_

**Newnan Youth Athletic Association**  
PO Box 71908 Newnan, GA 30271 <> www.nyaa.us

## **NYAA Coach Application**

### **Application Process:**

All applicants must complete and attach the following materials:

- Georgia Bureau of Investigation Consent Form
- NYAA Coach Application Form
- 3 Year MVR

### **General Information (please print or type)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Drivers License (State Issued/ Lic #): \_\_\_\_\_

Gender:      \_\_\_ Male      \_\_\_ Female      Date of Birth: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you able to serve as Coach for Spring and Fall Seasons?     Yes     No

Do you understand a current Volunteer Background Check is required to complete your application?     Yes     No

I have read the Coaches Code of Ethics and the Penalty Box rules and by my signature below agree.

If it is not signed, the application will not be accepted.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Staff Section (to be completed by NYAA staff)

Signature of NYAA President \_\_\_\_\_ Date \_\_\_\_\_

Team: \_\_\_\_\_ Division: \_\_\_\_\_

NYAA staff: Please attach a copy of this volunteer's Background Check.