

Coaching for the River Falls Youth Girls Basketball Association

Hi,

You have expressed a willingness to help your community by coaching youth basketball. The success of the youth basketball program depends on volunteers like you. On behalf of the River Falls Girls Basketball Association we would like to thank you very much for your interest.

Unfortunately, we need a little paperwork from you to ensure our players have a safe environment and the best coaches possible. Please find enclosed a brief application to coach for the RFGBA and a Coach/Manager Registration & Risk Management Disclosure Statement. Please fill out the application and the Risk Management Statement and return them to:

RF Girls Basketball, PO Box 225, River Falls, WI 54022

We will make coaching assignments after the teams are formed, probably sometime in September. Seasons will begin in October or November for Traveling Teams and as late as December for Skills programs.

If you know other qualified basketball coaches please let us know or ask them to contact us. Again, thank you for your interest in girl's basketball in River Falls.

Best Regards,

RFGBA Board of Directors

RFGBA Coaches Application

1. Your Name: _____

2. Your Preference: ___Head Coach ___Assistant Coach ___Grade (Next Fall)

3. Your Address: _____

City/State/Zip: _____

Home/Cell Phone: _____ E-Mail Address: _____

4. Your basketball coaching experience:

	Grade/Level	When (Years)	Where (Be Specific)
In-House:	_____	_____	_____
Traveling:	_____	_____	_____
Grade School:	_____	_____	_____
Junior High:	_____	_____	_____
HS JV:	_____	_____	_____
HS Varsity:	_____	_____	_____
College:	_____	_____	_____

5. Your basketball officiating experience:

	Grade/Level	When (Years)	Where (Be Specific)
Traveling:	_____	_____	_____
Grade/Jr High:	_____	_____	_____
High School:	_____	_____	_____
College:	_____	_____	_____

6. Have you played any organized basketball?

	Grade/Level	When (Years)	Where (Be Specific)
Junior Varsity:	_____	_____	_____
HS Varsity:	_____	_____	_____
College:	_____	_____	_____
Adult League:	_____	_____	_____

7. Any other comments or information you would like to provide:

Thank you for your interest in River Falls Girls Youth Basketball.
 You will be contacted regarding coaching shortly after team selections are completed.

Please return this form to:
 RF Girls Basketball
 PO Box 225
 River Falls, WI 54022

