



Milford Basketball Association

Head Coaches Application / Registration

Part 1 - Personal Information

A background check will be performed on all head coaches. You **MUST** complete all information and sign the authorization below to coach in the MBA. If you have questions about the background check procedures, please contact the President of the MBA.

Name: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone: _____

SSN: _____

Date of Birth: _____

Driver's License #: _____

Are you a NYSCA Member? _____ If yes, NYSCA #: _____

Note: Active NYSCA membership is required before practice time is given.

I understand that a background check will be performed and that I am providing this information for that sole purpose. Results of the background check will be kept private and actions taken will conform to the policy of the Milford Basketball Association.

Signature:

Part 2 - Team information

Recreational Team Coaches: You must submit a roster of players if you want the same team as last year. Players have the right to return / not return to a team.

- a) Were you a head coach last year? _____
- b) Do you want a recreational team or athletic team THIS year? _____
- c) What grade level do you want to coach THIS year? _____
- d) Do you want to coach boys or girls THIS year? _____

Part 3 - Practice night information

Practice night and times will be created by the league based on number of teams, age group of team, and preferences listed below. The head coach must have an active NYSCA membership to get practice time.

- A. Which is MOST important to you about practice nights? Number 1 to 3 in order of preference (regardless of preference, typically the older aged teams are placed in the later time slots due to limited practice time available).

___ Time of night ___ Day of week ___ Location of school

- B. Number 1 to 5 in order of preference the day of week you prefer to practice.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

- C. Number 1 to 2 in order of preference the time of night you prefer to practice.

___ Early (5:30 pm – 8 pm) ___ Late (8 pm – 10 pm)

- D. Number 1 to XX in order of preference the schools you prefer to practice at.

___ McCormick ___ Mulberry ___ Meadowview ___ Pattison

___ HS small gym ___ Boyd ___ Seipelt