TEXAS INTERCITY FOOTBALL INC.
RETURNING COACH/VOLUNTEER INFORMATION

TIFI CLUB: _____ SEASON _____

The following coaches/volunteers were issued badges or had an approved application through TIFI the previous season and are returning for the upcoming season. There is an application on file with TIFI. By signing this form, the coach/volunteer is agreeing to familiarize theirselves with the TIFI Rules and Regulations and agrees to adide by them. By signing, they are stating that they fully understand they may be removed as a coach/volunteer by their own organization as well as TIFI if they do not abide by the rules and regulations of TIFI and those set forth within their own club. All Coaches/Volunteers are subject to a background check.

All coaches, volunteers, parents, players, and individual booster clubs may exercise their rights as a United States citizen and utilize the court system for their complaints after they have exhausted their appeal processes laid out by TIFI. However, if they chose to do so, they must relinquish their membership and coaching opportunities until the case is complete. Membership and coaching applications can only be reinstated by a 4/5 vote of the entire conference, not just those present.

NAME AS LISTED ON TX DRIVERS LICENSE (a copy of the TDL must be attached)	**POSITION PREVIOUS SEASON** (ex: Fresh Head Coach, Drill Director, Soph Asst Coach, President)	**POSITION UPCOMING SEASON** (ex: Fresh Head Coach, Drill Director, Soph Asst Coach, President)	**COACH/VOLUNTEER SIGNATURE**

The above coaches/volunteers have been approved by our organizataion. I am authorizing TIFI to issue a badge for the position stated on this form. I fully understand that our club is responsible for our staff and volunteers and will do our best to ensure compliance with all TIFI Rules and Regulations.

President's Signature _____ Date _____

AD (football), DD (drill), or Secretary (Board/Volunteer) Signature _____ Date _____

TIFI Approval (AD for Football, DD for Drill, President for Board/Volunteer) _____ Date _____