

Central Valley Li'l Warriors

2025 Cheer Coach Application

*Please return this form to headofcheer@centralvalleylilwarriors.org, secretary@centralvalleylilwarriors.org, & president@centralvalleylilwarriors.org *

Name: _____

Address: _____

Email: _____ Phone: _____

Team Interest (if more than one, please rank 1, 2, 3):

Competition: Twerps: ____ Termites: ____ Mighty Mites: ____

Gameday: Twerps: ____ Termites: ____ Mighty Mites: ____

Prior Affiliation with CLVW:

Cheer Coach Experience:

Other Sports Coaching Experience – List Sport, Association, Age Group & Dates:

Personal Sports Participation/Experience:

Please list your availability the best you can:

Other experience working with young people:

Are you CPR certified or interested in becoming CPR certified? _____

Have you ever been convicted of a felony? If so, please explain:

