CORAL SPRINGS YOUTH SOCCER
2007-2008 COACHING APPLICATION

INSTRUCTIONS: Complete an application for EACH team you wish to coach.

NAME: **SOCIAL SEC. #**

ADDRESS: **DOB:**

CITY: **ZIP:**

HOME PHONE: **CELL PHONE:**

EMAIL ADDRESS:

TRAINING: All coaches must take the "CSYS Coaching Course" before coaching in CSYS. Classes are individualized for U6/U8, U10/U12 and all older age groups.

Date Course Taken: Other coaching experience:

I am applying to be (circle one): Head Coach Assistant Coach Age group:

Your child's name: **Child's birthdate:** **boys** **girls** (circle one)

I would like to coach with: (other coach's name):

Your shirt size (circle one): S M L XL XXL

SPONSORS: **Coaches are requested to help recruit sponsors for their team. (Cost for sponsoring one team is $250, if rec'd by October 15th)**

Sponsoring Company for your team:

Contact name: _____ Phone Number: _____

For coaches with two or more teams, we will attempt to coordinate practice times. Please enter your preferences below. (Unfortunately, requests cannot be guaranteed, but we'll do our best to comply.)

First request: Days: _____ Time: _____

Second request Days: Time:

I have read, and agree to, the Coach's Code of Conduct printed on the back of this application. I agree to abide by the Rules and Regulations of Coral Springs Youth Soccer, including the Equal Time Playing rule (Section VI, Paragraph B4), and understand that my coaching privileges may be revoked for any violation of the Rules and Regulations.

ATTENTION: COACH SELECTION IS SUBJECT TO SATISFACTORY BACKGROUND CHECK, AVAILABILITY OF POSITIONS, TRAINING CLASS ATTENDANCE AND THE DISCRETION OF THE CSYS BOARD OF DIRECTORS.

Signature: _____ **Date:** _____