



**CORAL SPRINGS YOUTH SOCCER
2011-2012
COACHING APPLICATION**



LAST NAME:		FIRST NAME:	
ADDRESS:		ZIP:	
CITY:		SOCIAL SEC. #:	
HOME PHONE:	CELL PHONE:	DOB:	
EMAIL ADDRESS:			Check here if you DO NOT wish to receive formal CSYS notices by email <input type="checkbox"/>
Your Shirt Size (circle one):	S	M	L
		XL	XXL

FIRST TEAM:			
<u>Age Group:</u>	(circle one)	BOYS	GIRLS
I am applying to be (circle one): Head Coach Assistant Coach Student Assistant			
I would like to coach with (other coach's name):			
Your Child's Name:		Child's Birthdate:	
Your Child's Name:		Child's Birthdate:	
Sponsoring Company for your team (if any): _____			
Sponsor Contact Name: _____		Phone Number: _____	

SECOND TEAM:			
<u>Age Group:</u>	(circle one)	BOYS	GIRLS
I am applying to be (circle one): Head Coach Assistant Coach Student Assistant			
I would like to coach with (other coach's name):			
Your Child's Name:		Child's Birthdate:	
Your Child's Name:		Child's Birthdate:	
Sponsoring Company for your team (if any): _____			
Sponsor Contact Name: _____		Phone Number: _____	

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 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

Signature: _____ Date: _____

PLEASE NOTE: COACH SELECTION IS SUBJECT TO SATISFACTORY BACKGROUND CHECK, AVAILABILITY OF POSITIONS, TRAINING CLASS ATTENDANCE AND THE DISCRETION OF THE CORAL SPRINGS YOUTH SOCCER BOARD OF DIRECTORS.