



**CORAL SPRINGS YOUTH SOCCER
2018-2019
COACHING APPLICATION**



LAST NAME:		FIRST NAME:		MI:	
ADDRESS:			ZIP:		
CITY:		GENDER:			
PRIMARY PHONE:			ALT PHONE:		
EMAIL ADDRESS:				DOB:	
Your Shirt Size (circle one):		S	M	L	XL
APPLY FOR 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: _____		
APPLY FOR 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: _____		
<p>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.</p>					
Date Course Taken: _____			Other Coaching Experience: _____		
<p>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 <u>my coaching privileges may be revoked at the sole discretion of the Coral Springs Youth Soccer Board of Directors.</u></p>					
Signature: _____			Date: _____		
<p>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.</p>					