



COACHING APPLICATION

Name: _____ Birth Date: ____ / ____ / ____
First Last Day Month Year

Address: _____ City: _____ Postal Code: _____

Phone: (Home) _____ (Mobile) _____ (Work) _____

Email: _____

TEAMS YOU WOULD LIKE TO COACH

What Season (circle one)? Indoor Outdoor Division (circle one)? Recreational Competitive

1st Choice

Age Division: _____ Girls [] Boys []

2nd Choice

Age Division: _____ Girls [] Boys []

Do you have a child playing – if so, please fill in the following:

Child's Name: _____ Female [] Male [] Birth Date: _____

Child's Name: _____ Female [] Male [] Birth Date: _____

COACHING INFORMATION

Present Coaching Certification: _____ Certification No.: CC _____

Completed?: Respect in Soccer (Yes/No) _____ Making Ethical Decisions (Yes/No) _____

Coaching History (Experience, Awards): _____

Playing History (Teams, Leagues, etc.): _____

What are your Coaching goals? _____

NOTE: You will be required to attend Club Coaching meetings and may be required to take the applicable Ontario Soccer Association Coaching certification courses. Ask the Club for details. Also, all Club Volunteers will be required to comply with the Club Screening Policy which may include a Vulnerable Sector Police Check.

Upon signing, I _____ have read and agree to abide by the Rules and Regulations set out by South Simcoe United FC (these can be found on the Club Website). This includes promoting a safe and positive experience for our players as well as encouraging fair play and sportsmanship.

Signature: _____

Date: _____

Revision Date: February 2016

South Simcoe United FC, 39 Victoria Street East, Alliston ON L9R 1T3

www.southsimcoeunited.ca