

WSYSC Coaching Application

Name: _____ Date: _____

Address: _____

Telephone: _____

Email: _____

Position Applied for: Head Coach _____ Assistant Coach _____

Team: U9 ___ U10 ___ U11 ___ U12 ___ U13 ___ U14 ___

Gender: Boys ___ Girls ___

Soccer Coaching License: A ___ B ___ C ___ D ___ E ___ F ___ G ___ None ___

CPR Certified Yes ___ Expiration _____ No ___

Do you have children playing on WSYSC teams? _____

Names _____ Age Groups? _____

Coaching Experience: (include number of years, organization(s) coached for, age group, other relevant experience)

Playing Experience:

Coaching Philosophy:

If selected as a coach, I agree to join the WSYSC and abide by all the By-laws and Policies of the Club including the Coaches Code of Conduct as set forth by the MYSA and the Pioneer Valley Junior Soccer League

Signature: _____

Date: _____