



# 2024 Coach and Assistant Coach Form

## INFORMATION

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ AGE \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

## EXPERIENCE

Number of Years Coaching House \_\_\_\_\_ Club \_\_\_\_\_

Number of Years Coaching Travel \_\_\_\_\_ Club \_\_\_\_\_

Completed Soccer Coaching Clinics YES or NO Level \_\_\_\_\_

Do you have an Assistant to coach with you? YES or NO

Name \_\_\_\_\_ Phone \_\_\_\_\_

Division you are interested in Coaching \_\_\_\_\_

Special Requests (We will do our best to accommodate but cannot guarantee unless it is your child)

\_\_\_\_\_

Police Check Received: YES or NO **POLICE CHECKS REQUIRED FOR NEW VOLUNTEERS AND CLEARANCES OLDER THAN SEPT 1, 2020**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_