

## **COACHING APPLICATION**

Name:		Birth	Date:/	
First Address:	Last City:		Day Month Postal Code:	Year
Phone: (Home)	(Mobile)	(Wor	·k)	
Email:				
	EAMS YOU WOULD			
What Season (circle one)? Indoor <b>1</b> <sup>st</sup> <b>Choice</b>	Outdoor	Division (circle one)	? Recreational Co	mpetitive
Age Division:		Girls [ ]	Boys [ ]	
2 <sup>nd</sup> Choice Age Division:		Girls [ ]	Boys [ ]	
Do you have a child playing – if so, p Child's Name:			Birth Date:	
Child's Name:	Female [	] Male [ ]	Birth Date:	
Present Coaching Certification:	COACHING INF			1/2
Completed?: Respect in Soccer (Yes	s/No) I	Making Ethical Decisio	ns (Yes/No)	
Coaching History (Experience, Award	ds):			
Coderming riletery (Experience, rittal)			į.	_
Playing History (Teams, Leagues, etc.	o.):			<del>-</del>
What are your Coaching goals?				_ _
				_
NOTE: You will be required to attend Ontario Soccer Association Coaching will be required to comply with the Cl	g certification course	s. Ask the Club for de	tails. Also, all Club V	olunteers
Upon signing, I Regulations set out by South Simcoe promoting a safe and positive experience.	United FC (these cance for our players	have read and agan be found on the Cluas well as encouraging	gree to abide by the R ub Website). This incl g fair play and sportsr	ules and ludes nanship.
Signature:		Date	:	
Revision Date: February 2016				

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