Galveston County Youth Soccer

Coaching Application

Contact Information

Name: _____

Address: _____ City: _____ ST: ____ ZIP: _____

Driver's License #: _____ Expires: ____/____/____ ST: ____ DOB: ____/____/____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Coaching/Training Experience

Coaching Experience: _____ years Training Experience: _____ years

Playing Level Experience: Amateur ☐ High School ☐ College ☐ Semi-Pro ☐ Pro ☐

Coaching license **(ATTACH A COPY)** USSF: "A" ☐ "B" ☐ "C" ☐ "D" ☐ "E" ☐ NYL ☐

NSCAA Diploma: Advance Regional ☐ National ☐ Advance National ☐ Premier ☐

Have you ever been denied a coaching position? _____ If yes, why? _____

Age group & gender you want to: Coach ☐ Train ☐ U- _____ Boys U- _____ Girls

What team, age group & gender did you coach/train last year? _____

If not selected as Head Coach, are you willing to be an Assistant Coach? YES ☐ NO ☐

Agreement and Signature

I am at least 18 years old or older and I agree to the procedures of a background check screening per STYSA Kidsafe. If accepted I agree to all of the rules & procedures set by the governing policies and guidelines of GCYSOCCER, BAYSA and STYSA.
THIS APPLICATION DOES NOT GUARENTEE YOU A TEAM.

Name: _____

Signature: _____ Date: ____/____/____

DOC Use Only

Date Received: ____/____/____ Recommended ☐ Not Recommended ☐

Official Use Only

Approved ☐ Not Approved ☐ Date: ____/____/____