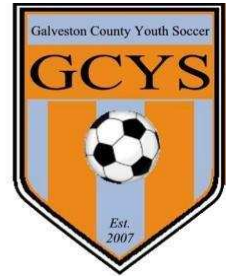


Galveston County Youth Soccer



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: ____ / ____ / ____