

Galveston County Youth Soccer Competitive Coaching/Training Application

Contact information

Name: _____

Address: _____ City: _____ ST: _____ Zip Code: _____

Driver License#: _____ Expires: ____/____/____ State: _____ DOB ____/____/____

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

****E-mail 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: ____/____/____