

Galveston County Youth Soccer

Coaching Application

EMAIL COMPLETED FORM TO gcysregistrar@gmail.com

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 GUARANTEE YOU A TEAM.

Name: _____

Signature: _____ Date: ____ / ____ / ____

DOC Use Only

Date Received: ____ / ____ / ____ Recommended Not Recommended

Official Use Only

Approved Not Approved Date: ____ / ____ / ____

After your application has been approved by GCYS and your information has been entered into GotSoccer, you will receive an email from GotSoccer to login and complete the background check. Once GCYS receives an approval of the background check, we will assign you to the team.