

**CORAL SPRINGS YOUTH SOCCER
2021-2022
COACHING APPLICATION**



LAST NAME:	FIRST NAME:	MI:
ADDRESS:		ZIP:
CITY:	GENDER:	
PRIMARY PHONE:		ALT PHONE:
EMAIL ADDRESS:		DOB:
Your Shirt Size (circle one): S M L XL XXL		
APPLY FOR FIRST TEAM:		
Age Group:		(circle one) BOYS GIRLS
I am applying to be (circle one): Head Coach Assistant Coach Student Assistant		
I would like to coach with (other coach's name):		
Your Child's Name:		Child's Birthdate:
Your Child's Name:		Child's Birthdate:
Sponsoring Company for your team (if any): _____		
Sponsor Contact Name: _____		Phone Number: _____
APPLY FOR SECOND TEAM:		
Age Group:		(circle one) BOYS GIRLS
I am applying to be (circle one): Head Coach Assistant Coach Student Assistant		
I would like to coach with (other coach's name):		
Your Child's Name:		Child's Birthdate:
Your Child's Name:		Child's Birthdate:
Sponsoring Company for your team (if any): _____		
Sponsor Contact Name: _____		Phone Number: _____
<p style="text-align: center;">TRAINING: All coaches must take the "CSYS Coaching Course" before coaching in CSYS. Classes are individualized for U6/U8, U10/U12 and all older age groups.</p>		
Date Course Taken: _____		Other Coaching Experience: _____
<p>I agree to abide by the Rules and Regulations of Coral Springs Youth Soccer, including the Equal Time Playing Rule (Section VI, Paragraph B4), and understand that my coaching privileges may be revoked at the sole discretion of the Coral Springs Youth Soccer Board of Directors.</p>		
Signature: _____		Date: _____
<p>PLEASE NOTE: COACH SELECTION IS SUBJECT TO SATISFACTORY BACKGROUND CHECK, AVAILABILITY OF POSITIONS, TRAINING CLASS ATTENDANCE AND THE DISCRETION OF THE CORAL SPRINGS YOUTH SOCCER BOARD OF DIRECTORS.</p>		