

FC Edmonds Volunteer Application To Coach

VITAL STATISTICS

Name:		Gender/Age Applying to Coach:		
Address:		Team Name: (also state last year's if new name)		
City:	Zip:	Fax:		
Home Phone:	Work Phone:	Mobile:		
Email Address		Birth Date:	RMA #	Exp. Date

COACHING EXPERIENCE: List your experience in coaching youth soccer

GENDER	Age of Players	How Long	Where <small>(list assoc. league or program).</small>

SOCCER COACHING LICENSES/Clinics Attended (List WSYSA Licenses first)

TYPE/LEVEL	YEAR	WHERE

LICENSES/Clinics planning to complete in this seasonal year:

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IF YOU HAVE A **CURRENT RED CROSS BASIC FIRST AID CARD**, Expiration Date:

ARE YOU OR HAVE YOU BEEN A **LICENSED SOCCER REFEREE**? YES
NO

SOCCER PLAYING EXPERIENCE:

LEVEL / AGE GROUP	WHERE	WHEN

RETURNING COACHES ONLY – Anticipated information for the seasonal year:

NPSL or State League EST. BUDGET PER PLAYER: \$ PRACTICE START:

Coach Signature: _____ Date: _____

If selected as a coach by FC Edmonds for this season, I agree to abide by all WSYSA, SYSA and FC Edmonds/SKYC Bylaws and Operating Procedures and represent the interests of the players and the Club in the best manner possible at all times.