EXETER-WEST GREENWICH YOUTH SOCCER ASSOCIATION

"STRIKERS" DEVELOPMENTAL/COMPETITIVE COACH'S APPLICATION

(ALL COACHES AND TEAMS SUBJECT TO EXECUTIVE COMMITTEE SELECTION)

NAME: _____ **DATE:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

SPECIFIC AGE/GENDER GROUP PREFERENCE (*Assignment dependent on executive committee decision*):

Girls: **U8G U10G U12G U14G U16G U19G**

Boys: **U8B U10B U12B U14B U16B U19B**

CERTIFICATION NATIONAL: A B C D E STATE: LEVEL 1 2 3 4

What Association are you currently a member of: _____

COACHING HISTORY (Please list team(s) you have previously coached or assistant coached. Include age group, gender and note recreational and/or competitive program. List N/A if never coached):

_____

_____

_____

_____

_____

_____

_____

_____

_____

Upon being selected as coach, I agree to strictly adhere to the EWGYSA "<u>Developmental / Competitive Rules and Regulations</u>".

Applicant's Signature:_____

*EXECUTIVE COMMITTEE APPROVAL: YES NO TEAM ASSIGNED:*_____

DIRECTOR'S SIGNATURE: _____

EXECUTIVE COMMITTEE MEETING DATE: _____

Must be turned in to Jim Walker, Competitive Director

EXETER-WEST GREENWICH YOUTH SOCCER ASSOCIATION (EWGYSA)

P.O. BOX 615
EXETER, RI 02822

NAME_____ D.O.B._____
(Print or Type)

DISCLAIMER

I _____, request that the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to me any criminal record that I may have on file with the Bureau of Criminal Identification.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

_____
(Signature of Applicant)

Sworn to before me on this _____day of _____19_____.

_____
Notary Public

My Commission Expires:_____