

APPLICATION DEADLINE
FEBRUARY 10, 2017



COACH APPLICATION FOR COMPETITIVE PLAY

All prospective 2017 LYSL Competitive Head Coaches and Assistant Coaches are required to complete this application and provide copies of all current licenses (LYSL/USSF/NSCAA).

APPLICANT'S NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

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

CELL PHONE #: _____ **HOME PHONE #:** _____

APPLYING FOR: Head Coach Assistant Coach

AGE GROUP: _____ **GENDER:** Boys Girls

TEAM NAME: _____

CYSA/USSF COACH LICENSE LEVEL: F E E/D D C B

YEAR RECEIVED: _____

ARE YOU A LICENSED USSF REFEREE: Yes No

If you do not have the required license for your age bracket, will you take the necessary course prior to the 2017 Season to meet the LYSL requirements? **Yes** **No**

List relevant youth soccer coaching experience:

YEAR	POSITION	AGE GROUP	GENDER	DIVISION	LEAGUE/CLUB

Describe your level of coach training. Include year, type of clinic or license, sponsoring organization, etc.

Please describe any experience you've had as a soccer player:

Considering the age group in which you are applying for, what would you stress as a coach and how would you judge the success of your team?

Please circle one choice below for the following questions:

- | | | |
|---|---|--|
| Y | N | Considering the large time commitment required, do you feel your family, job, etc. will allow you sufficient time to dedicate to the team/program? |
| Y | N | If you are selected to coach, will you adhere to the governing policies and guidelines of LYSL Board? |
| Y | N | A coach is responsible for the conduct of his/her team, including players and parents. If selected to coach, will you be conscientious about overseeing the team's conduct and adherence to LYSL's positive coaching alliance policies and rules? |
| Y | N | Have you ever been convicted of a felony? If yes, please attach a letter with a brief summary. |

By my signature, I acknowledge that I have read, understand and agree to this application. All information I have provided is truthful and complete.

Print Name: _____

Signature: _____ Date: _____

Applications may be mailed to: LYSL, P.O. Box 324, Lemoore, CA 93245

All phone numbers on this application must be accurate in order for league officials to contact coaches and referees. Questions -- please call DelRay V. Dias @ 559-309-5141

Applications will be approved between January 2017 thru February 2017.

FOR OFFICE USE ONLY	
Date Application Received:	Received By:
Board Review Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Competitive Director Signature:	Date: