

Application to Coach

2011 SOCCER

Pelham Soccer Club
P.O.Box 1223 Fonthill ON L0S 1E0
Voice: 905 892 6120
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pelhamsoccer.ca

Mail Completed form to: PELHAM SOCCER CLUB P.O. BOX 1223 Fonthill, ON L0S 1E0

NAME	_____		
ADDRESS	_____	P.O. BOX	_____
TOWN	_____	POSTAL CODE	_____
PHONE	_____		
EMAIL	_____	MALE	_____ FEMALE _____
OSA COACHES RDS #	_____		
Date of Birth	YY _____	MM _____	DD _____

COACHING LEVELS COMPLETED

COACHING CERTIFICATION		
CHILD	YOUTH <input type="checkbox"/>	SENIOR
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____
_____	_____	_____
COURSE LOCATION	COURSE LOCATION	COURSE LOCATION

DECLARATION:

I, the above named declare that the information I have provided here is true and accurate. The Club will undertake to request a Police Record background check as part of my application. This applies to all divisions in soccer.

POLICE RECORD BACKGROUND CHECK IS MANDATORY.

Signed _____ Date _____

All costs incurred will be borne by the Pelham Soccer Club.

2011 COACHING POSITION REQUESTED

POSITION APPLIED FOR	Check one only:		
<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Manager	
Did you coach last season?	_____	Team Name	_____
		Age Level	_____
		Gender	_____
Club	_____	Position Held:	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager
Do you have a son/daughter who will be on the team you plan to coach?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, Name of Child	_____	Year of Birth	_____
		Gender	_____
What night do you prefer for practice?	_____		