

Campbell River Youth Soccer Association
Club Coach Application

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Employer: _____ Phone: _____

Please put a check mark for the appropriate gender and age group you are applying for:

Tots___ U6___ U7/8___ U9/10___ U11/12___ U13/14___ U15/18___

Have you ever attended any certification clinics, if so please specify below what level you have.

Yes___ No ___

Grassroots Coaching:

Active Start ___ FUNdamentals___ Learning to Train___

Soccer for Life___

Competitive Coaching:

B-Prep___ B-Provincial ___ B-National ___ A-National___

Coaching Experience: Please list where, when and what sport:

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Are you or have you been involved in any other Youth Activities? Yes _____ No _____
Please list:

As a participant, what sports have you been involved in? Give details:

As a spectator, what sports are you interested in?

Have you filled out your Criminal Record Check? Yes _____ No _____

Please answer the following questions on a separate piece of paper and submit with your application.

1. What is your general coaching philosophy for coaching a rep soccer team?
2. Describe your coaching objectives for the season.
3. What role does "effective communications" play in the operation of a soccer team, concerning players, support staff and parents?
4. What is the role of the executive with respect to the team?
5. If applicable - Does coaching your child constitute the primary reason for your seeking the coaching position at this level? What are the advantages and disadvantages of coaching your child?
6. Would you have team rules? What measures would you use for team/player discipline if your rules were not observed?
7. How will you approach player field/development and the utilization of all your team members at the rep level?

Signature of Applicant

Date
