

2012 Coach & Assistant Coach Application



**Application for:**

Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Age Group: \_\_\_\_\_

**Personal Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ **DOB** \_\_\_\_\_ E-Mail \_\_\_\_\_

Child to be coaching (if any) - OR Age Group \_\_\_\_\_

T-shirt size: S M L XL XXL (please circle appropriate size)

**Experience:**

Years Coached or Assisted \_\_\_\_\_ Years with Club (Lambeth) \_\_\_\_\_ LEVEL COACHED \_\_\_\_\_

Other Clubs \_\_\_\_\_ Years with other Clubs \_\_\_\_\_ LEVEL COACHES \_\_\_\_\_

**Coaching Levels are mandatory for all competitive teams. Please circle your current qualifications. A copy of your certification will be required:**

**U9/U10 – Level 1 U11 – 14 – Level 2 U15 – 18 Level Three Premiere Teams All Ages -- Level 3**

Please note that Lambeth Competitive Soccer will pay ½ of the clinic fee. If you coach the second year the 2<sup>nd</sup> half will also be paid for.

**Please note: A Police check will be required for all coaches and assistant coaches and is to be provided by the coaches. Refund will be given by Club with receipt.**

**REFERENCES:**

1) Name: \_\_\_\_\_ Contact Number \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact Number \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_