



Application Form to Coach

(Please type or Print)

Name: _____

Mailing Address: _____
(City) (State) (Zip)

Phone: () _____ Cell: () _____ Email: _____

Gender: M ___ F: ___ Drivers License # _____ State: _____ Expiration: _____

Current CYSA Coaching License(s): _____
(Level(s) and Affiliation (s))

Preferred Age Level and Coaching Selection: Head Coach: _____ Assistant Coach: _____

Please Choose One:

Boys: U10 U12 U14 U16 U17 U19 **Girls:** U10 U12 U14 U16 U17 U19

Please describe your soccer coaching experience:

Please describe your soccer playing experience:

Please describe any other coaching experience:

Please describe your personal philosophy for coaching competitive youth soccer:

Have you ever been convicted of A. Crime of violence or B. Crime against a person? Yes: ___ No: _____
If you answered yes to this question for either A or B, please explain:

I understand that the information I have provided is subject to verification, including a background and criminal check. If accepted as a Chico Cal coach, I understand that I may be required to sign a Coaching Contract, a copy of which would be posted on the Chico Cal website and made available to parents of players in the season year that player participates and as requested.

Signed: _____

Date: _____