2010 BYSA Coaching Application

Name_____ Date_____

Address_____

Home Phone_____ Work Phone_____

E-Mail_____ Age Under 21_____ Over 21_____

Request:
Clinic_____ Intramural_____ Travel_____

Age Group (Not Team Level)_____ Boys___ Girls___
Comments regarding request:

Experience: (Please attach a written response for below.)
In the sport of soccer
• Coaching-
• Playing-
• Refereeing-
• Other-

Coaching another sport or teaching or working with youth?
Certifications:
United States Youth Soccer Association (check off)
G____F____E____D____C____B____A____
NYSCA__
Other (explain)_____
First Aid, CPR or other_____

Soccer Continuing Education
(List any specialized training, seminars, educational classes, etc that you have attended in
the past year).-

Participation:
Your most recent coaching position_____

Do you have a son(s) or daughter(s) currently playing for
BYSA_____ Level _____
In what other way other than coaching have you contributed to BYSA?

Signature: _____ Date:_____

Travel coaching applications must be postmarked no later than April 1, No hand Delivered or emailed applications will be accepted.

A complete coaching application package will consist of:

- Completed BYSA coaching application
- Adult BYSA registration form (on BYSA website under Registration)
- Signed Coaches Code of Ethics form (on BYSA website under Forms/Files)
- Completed CORI Form (on BYSA website under Forms/Files)

Please mail coaching application to:

BYSA – Attn. Sean Gibbons…Coaching Director
PO Box 223
Billerica, MA 01821

Note:

You can request this in the “comments regarding request” section of the application.

All assistant coaches appointed by a coach must be approved by the BYSA Board of Directors.