Season:_____

Cold Spring Soccer Club Coaching Application

PERSONAL INFORMATION

Name: _____ Email: _____

Address: _____ Last 6 digits of SSN: _____

Telephone: _____ DOB: _____

POSITION APPLIED FOR AND EXPERIENCE

Complete the form and forward it to Rui Marques, Club Registrar @ 33 West St Belchertown MA 01007 or ruimarques@rocketmail.com

Position Applied For:

Position (circle): *Head Coach* *Asst. Coach*

Group (circle): *U8 U9 U10 U11 U12 U13 U14*

Gender (circle): *Boys* *Girls*

Coaching License(s) (circle):

MYSA License A B C D E F G None

NSCAA Diploma(s) _____

US Soccer _____

❖ ***Please provide a copy of the certificate / diploma with the application***

Coaching Experience:

Total # of Seasons Coaching with CSSC _____

Total # of Seasons Coaching with an Other Organization(s)

List of Other Organization(s) below:

_____

_____

_____

Playing Experience:

High School – List of School(s) and # of Years Played:

_____

_____

College – List of School(s) and # of Years Played:

_____

_____

Pro (i.e. Paid to Play) and # of Years Played:

_____

_____

❖ ***Addition information may be provided in the form of a resume or listed on the back of the application.***

Acknowledgement:

I agree to abide by all policies and by-laws of CSSC and to conduct myself by the guidelines of the Coaches Code of Conduct as set forth by the Massachusetts Youth Soccer Association and the Pioneer Valley Junior Soccer League. I acknowledge that the privilege to coach Youth Soccer Players in Belchertown for CSSC is at the sole discretion of the CSSC Board.

Signature: _____

Date: _____