LYSA COACHING APPLICATION

Season: _____

Office Use Only Application Points
Total:

Name: _____

Address: _____

_____

Telephone _____

Position Applied For:

Position (circle):

Head Coach Asst. Coach

Group (circle):

Instructional U-9 U-10 U-11 U-12 U-13 U-14

Gender (circle):

Boys Girls

License: A B C D E F

Coaching Experience:

Total # Seasons Coaching with LYSA: _____

Total # Seasons Coaching with Other Organization(s): _____

List Other Organization(s) below:

_____

_____

_____

Playing Experience:

High School:

List school(s) below:

_____

_____

College:

List college(s) below:

_____

_____

Pro (ie. Paid to play):

List teams below:

_____

_____

Acknowledgement:

I agree that if I should be selected to coach within the LYSA, I will ensure that my membership dues are paid up to date if I am already a member. If I am not a member, I agree to join the membership. I further agree to abide by all policies and by-laws of the Association 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.

Signature: _____

Date: _____