Swansea-Somerset Youth Soccer League, Inc.

Affiliated with the United States-Soccer Federation (USSF) and Federation Internationale de Football Association (F

2019 Spring & Fall Travel Team

Head Coach Application

Website: www.ssysl.net

Coach's Name: _____ Birth Year:_____

Street: _____ Gender / D1 or D2:_____

Town: _____

Phone (home): _____
Pone (mobile): _____

E-Mail: _____

Current MYS/US Coaching License: _____

Medical Problems? _____

Coaching Experience:

_____
_____
_____
_____
_____ _____

Coaching Education (courses/clinics):

_____ _____
_____
_____
_____
_____

NOTE: Please remember that SCSL & SSYSL has a Zero Tolerance Policy and that any coach ejected from a game is automatically suspended for 3 games.

COACH CERTIFICATION

I certify that I will comply with MYSA, SCSL and SSYSL bylaws, Rules of Play, Coach's Code of Conduct and any verbal or written requirement set forth by SSYSL with the understanding that there can be penalties for non-compliance, including being removed as a head coach.

Coach's Signature. _____ Date: _____