

**PERRYSBURG YOUTH SOCCER ASSOCIATION  
COACH APPLICATION**

Check One:     \_\_\_ HEAD COACH     \_\_\_ ASSISTANT COACH

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone number(s):

Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spring or fall 20\_\_\_\_ Circle One: K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>-4<sup>th</sup> 5<sup>th</sup>-6<sup>th</sup> 7<sup>th</sup>-12<sup>th</sup> Boys or Girls

Time a resident of Ohio: \_\_\_\_\_ Time you have lived at above residence \_\_\_\_\_

May we perform a background check? Yes / No If No, why not \_\_\_\_\_

Driver License: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Describe your coaching experience (you may include sports other than Soccer).

Are you related to anybody on the team you want to coach? Yes / No

If yes, how are you related? \_\_\_\_\_

If no, explain your interest in coaching this team? \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Perrysburg Youth Soccer Association Approval:

Requires signature of age group commissioner and one officer. Date Approved: \_\_\_\_\_

\_\_\_\_\_  
Commissioner's name

\_\_\_\_\_  
Commissioner's signature

\_\_\_\_\_  
Officer's name

\_\_\_\_\_  
Officer's signature