

**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 1st 2nd 3rd-4th 5th-6th 7th-12th 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