

Atlantic United Soccer Club Coaching Application

Coach's Name: _____ Phone Number: () _____ - _____

Team's Name: _____ Age Group: U-_____ Born 8/1/___ - 7/31/___

Address _____ Your Child's Birthday: _____

City, State: _____

ETHICS & DISCIPLINE

1. Yellow cards received in the last 2 seasons: _____
2. Red cards received in the last 2 seasons: _____
3. Poor ratings (Coach/players/fans) received the last 2 seasons: _____
4. Fair ratings (Coach/players/fans) received the last 2 seasons: _____
5. Have your coaching privileges ever been revoked by any sports organization? _____
Explain: _____

CREDENTIALS:

6. USSF License Level: F E D C B A NCAA Diploma: State / Regional
7. Last Coaching Course/ Workshop Attended: (What & When) _____
8. Number of Years Coaching Youth Sports: _____
9. Number of Years Coaching Youth Soccer: _____ For Which Organization? _____

COACHING PRIORITIES:

10. Minimum playing time policy: _____ minutes per game for players attending all practices.
11. Rank in order of importance: ____ Winning, ____ Skill Development, ____ Fun, ____ Life Lessons

COACHING PLANS:

12. Circle team's practice frequency for coming season: 1/wk 2/wk 3/wk 4/wk
13. Name of Team Rep: _____ Phone # _____
14. Circle all your completion plans for the next 12 months:

Fall Season	Spring Season	Labor day Tourney
Labor Day Tourney	Memorial Day Tourney	Columbus Day Tourney
Thanksgiving Day Tourney	Summer Tourneys	SJ Cups
Winter Indoor	State Cups	

Info below to be completed by AUSC Exec Board: _____

CLUB INVOLVEMENT:

- | | | | |
|--|-----|--------|----|
| 15. Club Meetings Attended regularly? | Yes | Partly | No |
| 16. Mandatory League Meetings Attended? | Yes | Partly | No |
| 17. Club Fund Raising Efforts Supported? | Yes | Partly | No |

Application Accepted/ Rejected: _____