



**APPLICATION TO COACH OR ASSIST COACH
ADVANCED OR SELECT YOUTH SOCCER**

Name (print) _____

Address _____

City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (cell) _____

E-mail _____

Age Division U-____ Boys____ Girls____

Level: Advanced Select

My prior soccer coaching experience, if any (when, where, age level): _____

I hold the following soccer coaching license (highest level): _____

My other (non soccer) youth coaching experience, if any (baseball, basketball, football, etc.):

I agree to abide by all rules and regulations that pertain to coaches as established by CSL, VSLI, TASL, and VYSA. I understand that as a coach or assistant coach I am required to authorize a background investigation through the Kid Safe Program as required by the VYSA and CSL risk management policies. I understand that COACH and ASSISTANT COACH are voluntary positions and that coaches and assistant coaches serve at the discretion of the CSL Board of Directors. I understand and agree that I must obtain a minimum of a USSF "E" certificate or NSCAA Regional Diplomas within one year of being selected as a CSL advanced/travel coach, if I do not already have a certificate or license. I further understand that CSL reserves the right to terminate the service of any volunteer should the CSL Board of Directors deem that such action is necessary.

Signature _____ Date _____