

**Greece Cobra Soccer Club
Coach Application Form**

Contact Information

Name: _____
Street Address: _____
City, State, ZIP: _____
Home Phone: _____
E-Mail Address: _____

Coaching Position Desired

What age level and gender team do you want to coach? _____
Do you want to be the head coach or an assistant coach? _____
Do you have someone you want to coach with? (name) _____
Are you willing to make a long-term (5 or more years) to a team? _____

Soccer Education

What soccer coaching license(s) do you have? (level and date received): _____

What non-license issuing soccer coaching clinics and/or conventions have you attended in the last 3 years? (event & date) _____

Soccer Coaching Experience

What soccer coaching experience do you have? (position, club, date, gender, & age of team):

Other Considerations

Why do you want to be a Greece Cobra soccer coach? _____

Please provide a reference person we can contact who is familiar with you coaching style and how you handle a team.
(phone number and/or e-mail address) _____

Note: All coaches and assistant coaches must participate in the NYSWYSA Risk Management Program. A coach will automatically be subjected to a criminal background check when he/she registers with NYSWYSA for the first time.

Please complete this form and return it to the Coaches' Liaison, the Greece Cobra Soccer Club.