



Indialantic YOUTH SOCCER ASSOCIATION

Competitive Team Coaching Application

Coaches should complete one form for each coaching request. Please attach a separate sheet if you need additional space or if you would like to provide any additional information. If you have a coaching resume, please attach it to your application. If you are selected as a coach, you will also need to complete an FYSA coach form for a background check.

Name:	Team Requested: <input checked="" type="checkbox"/> U - <input type="checkbox"/> Co-Ed <input type="checkbox"/> Girls <input type="checkbox"/> Any Available
Street Address:	FYSA Level: <input type="checkbox"/> State Cup <input type="checkbox"/> Region Cup <input type="checkbox"/> Not Sure / None
City, State, Zip	League of Play: <input type="checkbox"/> BYSL <input type="checkbox"/> Greater Central Florida League
Phone: _____ Cell: _____	<input type="checkbox"/> Other - Specify: _____
Email: _____	Plan to coach my child or relative <input type="checkbox"/> No <input type="checkbox"/> Yes Player Name _____ Date of Birth _____
Current Club Affiliation: _____	Will you assist our Rec program? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is this application a renewal of a relationship with a team that you are currently coaching?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you are not selected to be a head coach, will you consider being an assistant coach?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Coaching Experience/Education

FYSA Coach's Pass Number: _____	Years of Coaching _____ Comp _____ Rec _____			
National / State Coaching certifications: Please check all that apply and the year attained				
<input type="checkbox"/> D License -Yr _____	<input type="checkbox"/> C License -Yr _____	<input type="checkbox"/> B License -Yr _____	<input type="checkbox"/> Y _____	A License _____
Other Coaching Licenses or Experience: _____				
Do you intend to be paid for your services?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Intended rate: _____		
Have you ever been subject to disciplinary action by FYSA or any other soccer organization?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, please explain including dates: _____				

List other soccer teams that you plan to continue to train or coach and their affiliation: _____

Please briefly describe your coaching philosophy relative to practices and games: _____

Proposed Team support staff

Assistant Coach: _____ Team Manager: _____

If IYSA hired a "Club Trainer", would you use this trainer? No Yes

Provided I am selected as a Competitive Coach for Indialantic Youth Soccer Association, I agree to abide by the IYSA comp coaching guidelines, the by-laws and codes of conduct of the FYSA and IYSA. I understand that I am a representative of IYSA and will conduct myself in a professional manner at all times.

Signature

Date