



Orchard Valley Youth Soccer League

2010 Coaches Application

PREFERRED COACHING POSITION					
Boys <input type="checkbox"/>		Girls <input type="checkbox"/>		Class I <input type="checkbox"/> Class III <input type="checkbox"/>	
Under 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19					
APPLICANT INFORMATION					
Last Name			First		M.I.
Street Address				Apartment/Unit #	
City				State	Zip Code
Home Phone	()		Work Phone	()	
Cell Phone	()		E-mail Address		
COACHING EXPERIENCE					
Soccer Coaching Experience:					
Number of Years Coached			Age(s) Coached		
Coach License(s)			Referee License(s)		
Other Sports Coached:					
Sport(s)			Number of Years Coached		
Age(s) Coached			Coach License(s)		
Reason(s) you Wish to Coach:					
ADDITIONAL QUESTIONS					
Do you agree to abide by OVYSL Policies and Procedures?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you use illegal drugs?	
Do you plan to attend the next available Referees License Class, if currently not licensed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you agree to attend all the Coaches' meetings or send your Team Manager or other team representative in the event you cannot attend?	
I agree to select only assistant coaches/trainers that meet the requirements of the District II coaching policies and the OV Board of Director's approval?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you plan to pursue a Coaching License? (Note: All Class I and III coaches are now required to attend at least one CYSA license course per year until they eventually obtain a CYSA E/D License.)	
Are you interested in becoming an OVYSL Board Member?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you even been convicted of a felony? (If yes, please explain on the back of this page)	
Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people (If yes, please explain on the back of this page)				YES <input type="checkbox"/>	NO <input type="checkbox"/>
DISCLAIMER AND SIGNATURE					
<p><i>I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my disqualification as a coach.</i></p> <p><i>With your signature you agree to comply with OVYSL policies and procedures which includes, but is not limited to the following: tryout process rule set, adhering to Class III as a feeder into Class I (Class I gets first choice), attending coaches meetings or classes, turf compliance, uniform ordering, registration duties, license upgrades, etc.</i></p>					
Signature:			Date:		

Mail to: OVYSL, P.O. Box 0251, Morgan Hill, CA 95038

League Phone: 779-6696

Website: www.ovysl.org

DEADLINE: December 15, 2009