



Assistant Coach/Trainer Application

(Circle one)

2006 Orchard Valley Youth Soccer League Coaches Application

Name (print) **Boys / Girls** **Under** 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 **Class I / III**

Last	First	Middle I.

Address	City	Zip

Home Phone	Work Phone	Email Address

Soccer Coaching Experience

Number of years coached	
Age/s coached	
Coach License/s	
Referee License/s	

Other Sports Coached

Number of years coached	
Age/s coached	
Coach License/s	

Reason you wish to coach

Do you agree to abide by OVYSL Policies and Procedures ? Yes___ No___

I agree to select only assistant coaches/trainers that meet the requirements of the District II coaching policies and that meet with Orchard Valley Board of Directors' approval.
 Yes___ No___

Do you agree to attend all the Coaches' Meetings or send your Team Manager or other team representative in the event you cannot attend ? Yes___ No___

Do you plan to attend the next available Referees License Class, if currently not licensed ? Yes___ No___

Do you plan to pursue a Coaching License ? Yes___ No___
 (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___ No___

Do you use illegal drugs ? Yes___ No___

Signature _____ Date _____
by signing the application the signer consents to a background check

Mail to: OVYSL, 3635 Jackson Oaks Ct, Morgan Hill, CA 95037

League Phone: 779-6696

Web Site: www.ovysl.org