



CfW UfX`J U`YmiMci H `GcWWf`@Uj i Y
 7 cUW Yg`5 dd`jWUjcb`

DF9: 9FF98`7C57<-B; `DCGHC B`					
Boys <input type="checkbox"/>		Girls <input type="checkbox"/>		Black 'A' Team <input type="checkbox"/>	
				Red 'B' Team <input type="checkbox"/>	
				White 'C' Team <input type="checkbox"/>	
Under 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 / 21					
5 DD@7 5 BH-B: CFA5 HCB`					
Last Name			First		M.I.
Street Address				Apartment/Unit #	
City				State	Zip Code
Home Phone			Work Phone		
Cell Phone			E-mail Address		
7 C57<-B; `9LD9F`9B79`					
GcWWf`7 cUW]b[`9I dYf]YbVW.`					
Number of Years Coached			Age(s) Coached		
Coach License(s)			Referee Grade: Refereed 3 games in past year YES NO		
CH Yf`Gdcftg`7 cUW YX.`					
Sport(s)			Number of Years Coached		
Age(s) Coached			Coach License(s)		
Reason(s) you Wish to Coach:					
5 88 HCB5 @EI 9GHCBG`					
Do you agree to abide by OVYSL Policies and Procedures?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you use illegal drugs?	
				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
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 and clinics?	
				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
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 Red and Black coaches are now required to attend at least one CYSA or NSCAA license course per year until eventually obtaining a CYSA D License or equivalent.)	
				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
Are you interested in becoming an OVYSL Board Member?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a felony? (If yes, please explain on the back of this page)	
				YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
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"/>
8 -G7 @-A9F`5 B8 `G; B5 HI F9`					
<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>					
<i>With your signature you agree to comply with OVYSL policies and procedures which includes, but is not limited to the following: tryout process rules, adhering to B & C teams being a feeder into A team (A team gets first choice), attending coaches meetings, clinics or classes, turf compliance, OSC Rules, uniforms, registration duties, license upgrades, etc.</i>					
Signature:				Date:	

Mail application along with coach & referee licenses

Website: www.ovysl.org

OVYSL
 PO Box 251
 Morgan Hill, CA 95037

League Phone: 888-778-5676