



Salisbury Parks & Leisure

Soccer Coaching Application

Please Check Position Applying for:

Head Coach Assistant Coach Manager

Please Print All Information Clearly

Coach's Name:	_____	Age:(optional)	_____
Address:	_____	E-mail Address:	_____
City:	_____	Cell Phone:	_____
Zip Code:	_____	Work Phone:	_____
Home Phone:	_____	Home Phone:	_____

Do You Have Children Playing?

_____	_____	_____
Child's Name	Child's Team	Date of Birth
_____	_____	_____
Child's Name	Child's Team	Date of Birth

NCCP Coaching Certification

Level: _____ Date Obtained: _____

Other personal information and or experiences (optional)

Coaching References: (non related)

_____	_____
Name	Phone
_____	_____
Name	Phone

Please read and sign below:

All information contained in this application will be held in strict confidence and will not be released to second parties without prior written consent from the applicant. All coaching and / or manager assignments are approved by the Salisbury Parks and Leisure Action Committee. All coaching assignments are on a per season basis and terminate at the close of the final season game. I hereby state that all information contained in this application is true and complete to the best of my knowledge. If selected I agree to abide by and adhere to all applicable rules, regulations and philosophies of the village. I also understand it is mandatory that I attend accredited Coaches Certification Courses and all required League meetings and special meetings that my presence is requested.

Authorization:

Signature

Date