



Ancaster Youth Soccer Club

www.ancastersoccer.com

COMPETITIVE COACHING APPLICATION - 2009

Coaches Name: _____

Date of Birth: DD/ month/year _____ / _____ / _____

Address: _____ City: _____

Phone #: Home _____ Work _____

Email Address: _____

Coaching Position: Head Coach

**** Assistant Coach & Manager (Rep Only) positions will be appointed by Head Coach and Director of Competitive after team selection.

Division: Competitive Select All-star

Boys Girls

8 + Under 9 + Under

10 + Under 11 + Under 12 + Under

13 + Under 14 + Under 15 + Under

16 + Under 17 + Under 18 + Under

Child Playing: No Yes Name: _____

Coaching Certification: None Level 1 Level 2

Level 3

Coaching Experience: Year _____ Team _____

Year _____ Team _____

Year _____ Team _____

88 Wilson Street West, Unit B
Ancaster, Ontario L9G 1N2
Phone: (905) 304-1491
Fax: (905) 304-6687
Email: admin@ancastersoccer.com



Ancaster Youth Soccer Club

www.ancastersoccer.com

Reasons for wanting to coach:

List 2-3 accomplishments you had coaching last year (or your last year coaching)

What did you learn from this coaching experience?

What one thing would you do differently?

Team Philosophy and goals for this season?

(1) Team Goals and Objectives

(2) Player Development

(3) Other

Please read the following Statement carefully and sign:

I, _____ as a volunteer coach for the 2007 season understand and acknowledge the trust placed in me by the Ancaster Youth Soccer Club, players and parents of players, and as such I do swear to never jeopardize that trust or take advantage of any authority over any player and to never put myself in a situation that could be reasonably interpreted by the Ancaster Youth Soccer Club, any player or parents of players, as any form of discrimination, verbal, physical or sexual harassment or advancement towards a player. I fully understand The City Of Hamilton "Zero Tolerance Policy" & the Coaches Code of Conduct Policy.

Signature of Coach

Date: