

**SNOQUALMIE VALLEY YOUTH SOCCER ASSOCIATION**  
**CASCADE FC COACHING APPLICATION – Head Coach Position**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_, WA 980\_\_\_\_\_

**Home Phone:** (\_\_\_\_)\_\_\_\_\_ **Work Phone:** (\_\_\_\_)\_\_\_\_\_

**Fax:**(\_\_\_\_)\_\_\_\_\_ **Cell:**(\_\_\_\_)\_\_\_\_\_ **Email:** \_\_\_\_\_

**Risk Management Clearance:** RMA Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Coaching Certificate/License Held:** (Please attach copy of license certificate) \_\_\_\_\_

**Referee Certification:** (Please attach copy of most current USSF Registration Form) \_\_\_\_\_

**Coaching Experience:** (Include number of years, sport, age, gender, competition level; use additional sheet if necessary) \_\_\_\_\_

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**Soccer Playing Experience:** \_\_\_\_\_

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**Refereeing Experience:** \_\_\_\_\_

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**Soccer Administrative Experience:** \_\_\_\_\_

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**Other Relevant Experience(s):** \_\_\_\_\_

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**Team Preference:** G B U-\_\_\_\_\_

**Why do you want to coach for Cascade FC?** \_\_\_\_\_

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**Do you have a child trying out for this team?** Yes No

If yes, child's normal age group is U- \_\_\_\_\_

Are you willing to coach if your child does not make the team? Yes No

**Are you willing to coach a second team (a 'B' team) if two teams can be formed in this age group?** Yes No

**If a head coach position were not available, would an assistant coach position be acceptable?** Yes No

**Please attach at least 2 letters of recommendation from others (other than relatives) who can attest to your qualifications to coach youth soccer at the advanced competitive level.**

### **Authorization and Agreement**

In making this application and by my signature hereunder I affirm that the information provided is complete and correct and I authorize SnVYSA to contact my references and any organization where I have previously coached. If I am approved by the SnVYSA Board of Directors to be a Cascade FC Head Coach, I understand that I will be required to abide by the then current terms of any codes, rules and guidelines promulgated by Cascade FC for its coaches and those of Washington State Youth Soccer Association (WSYSA), District II and SnVYSA for the conduct of coaches. I understand that if I am selected I will be required to undergo a successful Washington State Patrol background check, sign a WSYSA disclaimer form and meet any requirements stipulated by the SnVYSA Board of Directors before selection is final. I further understand that any failure on my part to abide by any codes, rules and/or guidelines may lead to my immediate dismissal as a coach.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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For Association Completion Only: Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Interview Date \_\_\_\_\_