

Bracebridge Soccer Club
Coach Application Form

Personal Information:		
Last Name	First Name	Birthdate
Address:		
Home Phone	Business Phone	Fax
Cell Phone	Email	
Team(s) Applying For: Age, Gender, Level		
1st Choice		
2nd Choice		
Children in Club Programs Name, Year of Birth, Team, Level		
Previous Coaching Experience: Include Team Level, Age Division, League, Years Coached		
Coaching Qualifications/Certifications: Soccer and Other Sports		
Soccer Playing Experience: Teams, Level, Personal Skill Level		
Reasons for Wanting to Coach:		
Coaches Commitment:		
I agree to abide by the published rules of the Ontario Soccer Association.		
I agree to follow the principles relating to Player Development as identified by the Bracebridge Soccer Club.		
I understand and accept the Standards and Expectations for Coaches as identified by the Bracebridge Soccer Club.		
I agree to participate in the Coach mentoring program and follow the concepts of team play as identified by the Club Head Coach.		
Signature:		Date: