



COACHING APPLICATION FORM

General Information

Name

Address

Postal Code

Home Phone

Cell Phone

Email

Coaching Certification

Certification Names
&
Completion Dates

Are you interested in taking coaching clinics? Yes No

Upon completion of a coaching clinic, tuition may be refunded by SUSC upon written request

Coaching Experience

Do you have soccer coaching experience? Yes No

If yes, please detail your experience starting with the most recent

Describe your personal coaching philosophy

Other coaching experience

Coaching Preference

Position applying for	Coach Other	Assistant Coach	
Season for which you are applying			
Do you have a child playing in SUSC?	Yes	No	
Do you wish to coach your child?	Yes Doesn't matter	No	
Gender	Male	Female	
Age Group	U12	U14	U16
Division	Premier	Division 2	Division 3

Assistant Coaches may assume the responsibilities of Head Coach where necessary/appropriate

Have you played soccer

Yes	No
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Additional information
(ex: currently playing, years, played, league, position played)

Other Information

Do you have First Aid/CPR Yes No

Expiry Date:

Respect In Sport (RiS) Yes No

Cert #

Date of CPIC
(criminal record check)

Additional Information

Forward your application to:

tc@susc.ca

or mail:

Attention:
SUSC Technical Coordinator
████████████████████
P.O. Box 30070
Saskatoon, SK S7L 7M6

- By completing this application, you agree that the information provided is accurate to the best of your knowledge.

- A CPIC (criminal record check) which includes the vulnerable sector search, is required of all coaches and must be completed every two years.

- All information on this form is considered confidential and will not be shared with any person or other organization without written consent.