Adirondack Soccer Club
Coaching Application

Date of application:_____
Session(s) interested in coaching (circle all that apply): spring fall
winter indoor 1 winter indoor 2

First Name:_____ Last Name:_____
Street:_____ City:_____ State:___ Zip:_____
Home phone:_____ Mobile phone:_____
E-mail:_____

Date of Birth:_____
Coaching certification levels previously obtained:_____
Date certification level obtained:_____
Previously completed CDYSL/ENYYSA risk management background check? Yes No
Date CDYSL/ENYYSA risk management background check completed:_____

Age level(s) interested in coaching (circle all that apply):

U-10 girls U-12 girls U-14 girls U-16 girls U-18 girls Other:_____
U-10 boys U-12 boys U-14 girls U-16 boys U-18 boys _____

Coaching position being applied for (circle one):

head coach only assistant coach only either head coach or assistant coach

Relevant youth soccer coaching or other youth sports program experience (level/age divisions, number of years, certifications obtained, clinics completed, awards/achievements, etc.):_____

Soccer playing experience (level, number of years, awards/achievements, etc.):_____

Other information:_____

Completed forms should be submitted to the Adirondack Soccer Club coaching director: Tim Conboy, 173 Farr Lane, Queensbury, NY 12804 or tqcboy@roadrunner.com. Questions can be directed to Tim Conboy at (518)796-3380 or tqcboy@roadrunner.com.

Form updated 1/3/12