United Valley Soccer Association

938 Center Street, Hawthorn, PA 16230
P.O. Box 250, Hawthorn, PA 16230

Coaching Application

First Name **M.I.** **Last Name**

Address **City** **State** **ZIP**

Home Phone **Cell Phone**

E-mail Address (kept private)

Interested In Coaching (please mark all that apply):

Gender:	□Male	□Female	□Co-ed	
Spring Season:	□U-14	□U-16	□U-19	
Fall Season:	□U-6	□U-8	□U-10	□U-13

Previous Experience:

Describe any organized (i.e. high school/college) soccer playing experience you may have:

Describe any organized soccer coaching experience you may have:

Highest Coaching License Held: _____ Year Received: _____

Describe any other coaching experience you may have (i.e. baseball/football):

I hereby certify that I have not been convicted of a crime, which is punishable by more than two (2) years in jail, nor have I been subject of an indicated case of child abuse or a founded case of child abuse pursuant to the applicable law of any jurisdiction in which I have resided and/or wish to coach.

I hereby agree that the Soccer Association for Youth (SAY), its members, coaches or officers shall not be liable for any injury or loss which I may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY and I agree to indemnify and to hold harmless SAY, its members, coaches and officers or designates of any kind of claim whatsoever.

Applicant's Signature **Date**