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**Athabasca Soccer Association**

Box 1003

Athabasca, AB T9S 2A8

athabascasoccer.net

COACH APPLICATION

**All coaches** are to submit a coaching application to the Coaching Director for each season. To be considered, they must include:

1. A current criminal record check (CRC) (this is an Alberta Soccer requirement).

 RCMP station in Athabasca processes at no cost with a verification letter from the Athabasca Soccer Association (ASA)

1. Copy of coaching certificates or NCCP number if not on file

(No previous training is required – ASA provides access to training courses)

All applications will be reviewed by the ASA Executive who will then make coach selections. Applications must be submitted to the coaching director to be considered.

Application date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children in soccer? Y\_\_\_ N\_\_\_

Children(s) names and ages:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of CRC on file (if applicable): MM/\_\_\_\_\_\_\_ YR/\_\_\_\_\_\_\_\_

Please indicate below which soccer courses you have completed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which age group do you prefer to coach? (Please circle your choice.)**

 U5 U7 U9 U11 U13 U15 U17

**Which position do you prefer? (Please circle your choice.)**

 Head Coach Assistant Coach

**Do you anticipate any conflicts that will affect your availability to coach (e.g. Shift Work)?**

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**Do you have previous soccer coaching experience?**

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**Please describe your soccer coaching philosophy.**

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Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email forms to Coaching Director - Laura Hynes (lb.hynes@hotmail.com).