## **VSA Community Association Coach Checklist**

U	pdated	l Januar	y 22,	201	8
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Community Name: _		
Contact Person:	_	
Contact Email:	_	
Soccer Season:		



Age specific rules provided
& reviewed(Y/N)
Field Marshall role
reviewed (Y/N)
VSA weather policy
reviewed (Y/N)
VSA Code of Conduct
(Y/N)

Coach Preferred Age group Coach Name: First/Last Name Team Name Contact # coaching Respect in Sport # Coach Certification Level Certification # SMITH ABC TEAM 306-555-5555 U12 SRC-555-555555 1234567 JOHN SOCCER FOR LIFE