



**SPRINGFIELD THUNDER SOCCER CLUB
2020-2021
COACHING APPLICATION**



LAST NAME:	FIRST NAME:	MI:
ADDRESS:		ZIP:
CITY:	GENDER:	
PRIMARY PHONE:		ALT PHONE:
EMAIL ADDRESS:		DOB:
Your Shirt Size (circle one):	S M L XL XXL	

APPLY FOR FIRST TEAM:

Age Group:	(circle one)	BOYS	GIRLS
I am applying to be (circle one): Head Coach Assistant Coach			
I would like to coach with (other coach's name):			
Your Child's Name:	Child's Birthdate:		
Your Child's Name:	Child's Birthdate:		
Coaching Experience and Level of Training: _____			

APPLY FOR SECOND TEAM:

Age Group:	(circle one)	BOYS	GIRLS
I am applying to be (circle one): Head Coach Assistant Coach			
I would like to coach with (other coach's name):			
Your Child's Name:	Child's Birthdate:		
Your Child's Name:	Child's Birthdate:		
Coaching Experience and Level of Training: _____			

TRAINING: All coaches must take the required USYSA Coaching Course before coaching for STSC and agree to attend coaching clinics provided by STSC. Classes are individualized for 7v7, 9v9 and 11v11.

Course Taken: _____ **Date of Course:** _____

I have read and agree to the USYSA Coach's Code of Conduct.
I agree to abide by the Rules and Regulations of Springfield Thunder Soccer Club.
I understand that my coaching privileges may be revoked at the sole discretion of the Springfield Thunder Board of Directors.

Signature: _____ **Date:** _____

PLEASE NOTE: COACH SELECTION IS SUBJECT TO SATISFACTORY BACKGROUND CHECK, AVAILABILITY OF POSITIONS, TRAINING CLASS ATTENDANCE AND THE DISCRETION OF THE SPRINGFIELD THUNDER BOARD OF DIRECTORS.