



2017 OUTDOOR RECREATIONAL COACHING FORM

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www.vaughansoccer.com

ALL below fields must be filled in

Please Choose One: Head Coach OR Assistant Coach

Name: _____ Date of birth: ____/____/____
MM DD YY

Address: _____

City: _____ Postal Code: _____

Daytime #: _____ Evening #: _____

E-mail Address: _____

(PLEASE PRINT CLEARLY)

Do you have a Police Screening*: Yes _____ No _____

Previous Coaching Experience: Yes _____ No _____

Club and Year(s): _____

Name of Child You Wish To Coach: _____

(If you are coaching more than one child please submit a Coaching Form for each child you wish to coach)

Childs Date of Birth: ____/____/____
mm dd yy

***IMPORTANT UPDATE:** IF YOU ARE COACHING/ASSIST COACHING AGE GROUPS IN THE U15 OR OLDER DIVISION YOU WILL REQUIRE A VULNERABLE SECTOR aka POLICE SCREENING TO BE ELIGIBLE TO COACH (at the Vaughan Soccer Clubs expense). IF YOU ALREADY HAVE YOUR POLICE SCREENING PLEASE PROVIDE A COPY TO OUR OFFICE PRIOR TO THE START OF THE SEASON.

Do you have a specific Head Coach or Assistant Coach that you would like to coach with?

NO or YES If Yes please provide his/her name: _____

*Please note that if you have requested to be assigned with a specific Coach or Assistant Coach you cannot put in any other additional requests for any other specific Coach, Assistant Coach or player.

If you signed up as an Assistant Coach would you be willing to take on the Head Coach position if the Club is in need of Head Coaches? YES _____ NO _____

Signature

Date