



Pelham Panthers

Application to Coach 2015 Soccer Season

NAME: _____ GENDER: _____

ADDRESS: _____

TOWN/CITY: _____ POSTAL CODE: _____

PHONE: _____

EMAIL: _____

OSA COACHES RDS# _____ DOB: (YYYY/MM/DD) : _____

Position Applied for the 2015 season: (please check only one)
 Head Coach _____ Assistant Coach _____ Manager _____

Team/Level requested: _____

Do you have a son/daughter on the team you plan to coach?
 If Yes, Child's Name: _____ Gender: _____
 DOB: (YYYY/MM/DD) _____

Did you coach in 2014? _____
 If Yes, Team Name: _____ Age Level: _____ Gender: _____

Coaching Levels Completed					
<i>Respect in Soccer</i>	<i>MED (Making Ethical Decisions)</i>	<i>Active Start (U4-U6 - Male and Female)</i>	<i>FUNDamentals (U6-U9 - Male) (U6-U8 - Female)</i>	<i>Learn to Train (U9-U12 - Male) (U8-U11 - Female)</i>	<i>Soccer for Life (12+ Male) (11+ Female)</i>
Location:	Location:	Location:	Location:	Location:	Location:
Year:	Year:	Year:	Year:	Year:	Year:

DECLARATION:

I, the above named, declare that the information I have provided here is true and accurate. The Club will undertake to request a Police Record background check as part of my application. This applies to all divisions in soccer.

POLICE RECORD BACKGROUND CHECK IS MANDATORY.

Signed: _____ Date: _____

Mail completed form to: PELHAM SOCCER CLUB P.O. BOX 1223 Fonthill, ON LOS 1E0