

Application Deadline: December 15th, 2008

**Almaden Valley Youth Soccer League
Coach, Trainer or Assistant Coach Application**

Name: _____ Position (C/AC/T): _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ Email: _____

Applying for (e.g. U10 Boys, U12 Girls): _____ Class (1 or 3) _____

Coaching license level: _____ First Aid Certificate (yes/no): _____

Referee License (yes/no): _____ No. of games refereed (last 2 years): _____

No. of CYSA soccer clinics attended: _____ Playing experience (years): _____

PCA Certified (yes/no): _____

Please list coaching staff: _____

Coaching Experience (most recent year first-continue on back if necessary):

Year(s)	Boys/ Girls	Age Group	Head Coach Asst/Trainer	Level Rec/Comp/Sel	League	Team Name

Please attach your last two years' rosters. If rosters cannot be obtained, please attach 3-5 personal references. APPLICATIONS WILL ONLY BE ACCEPTED IF THEY INCLUDE ROSTERS OR REFERENCES. This makes processing much faster. Thank you

Additional comments (continue on back if necessary):

Important Additional Information Required To Receive Coaches Pass:

1. All coaches must hold up to date coaching licenses. See <http://www.cysadistrict2.org/coachpgm.htm> for licensing requirements. Please provide a copy of most current license with application. Need a copy? Go to <http://www.cysanorth.org/Coaching/coaching.htm> and click on Duplicate Coaching License Request.
2. All coaching staff must attend a mandatory PCA Coaches Workshop. Please provide a copy of your certificate if obtained outside of AVYSL.
3. All head coaches MUST attend the annual coaches meeting held in the spring. Assistants, trainers and managers are also welcome.
4. Application must be signed. Mail to PO Box 20491 San Jose, CA 95160 or email to playing league.

I have read and will comply with the AVYSL rules and regulations (www.almadensoccer.org – Coach's Information page)

Signature _____

Date _____