



Youth Sports Coaching Application

Thank you for your interest in wanting to coach Youth Sports for the upcoming season. If you desire to be a head coach in the program complete and return the form below.

Which Sport are you interested in coaching?

Fall Soccer
 Indoor Soccer
 Flag Football
 Girls Softball
 Boys Baseball

Coach Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Cell Phone _____

Email _____ Shirt Size: S M L XL XXL XXXL

Emergency Contact _____ Emergency Phone _____

Do you receive text messages at the cell phone number above? Yes No

Are you 18 years of age or older? Yes No **If no, list age** _____

Will you have a child registering to play? Yes No **Is yes, list name(s)** _____

Which age group would you prefer to coach? _____

Is there a gender you'd prefer to coach? Boys Girls No Preference

Do you have previous experience coaching youth sports? Yes No

If you answered yes, please fill in the following:

Sport you coached	Number of years	Age Group(s)	Agency
<i>(Example)</i> Fall Soccer	2	11-12 and 15-16	City of Walla Walla

Are you a National Youth Sports Association Certified (NYSCA) Coach? Yes No

Have you had any other formal training as a coach? Yes No

If yes, please describe (for example, physical education degree, coaching clinics, etc.) please also indicate if it was sport specific as well.

Are you trained in First-Aid and/or CPR? Yes No

If yes, please enter expiration date(s) for First-Aid _____ CPR _____

Please list two references (no relatives):

Name	Address	Phone	Relationship

By signing below, I acknowledge that all of the above statements are true to the best of my knowledge.

Signature _____

Date _____

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