

PCSI Competitive Coaches Application

Age Group Requested: U ____ Boys ____ Girls ____ **Seasonal Year:** Fall ____ / Spring ____

Position Requesting: Head Coach _____ Assistant Coach _____ Trainer _____

Applicant Information:

Name: _____ Address: _____

City _____ State _____ Zip _____

Phone #'s: Home: _____ Cell: _____ e-mail: _____

Birth Date: _____ Age: _____

Highest OSA/USSF Coaching License Level (Stipulate National or State) _____ Year Attained: _____

Non USSF licenses (ex. FA/ NSCAA) : _____

NOTE: A copy of your licenses must be attached to this application for consideration. All head coaching positions require the applicant to currently hold a minimum of a State D license. All Assistant Coaching positions require a minimum of a E-Certificate and a signed affidavit committing the applicant to attending a D License course and successfully obtaining a minimum of a State D license within 365days of submittal of this application. The Director of Coaching & Player Development may assign an Assistant coach and/or an Approved Trainer to any team at his/her discretion. The Board reserves the right to interview all applicants prior to appointment of competitive coaches.

Playing Experience:

Highest Level Played: _____ Last Year Played: _____

Coaching Philosophy: _____

Team Plans: Number of Tournaments to attend: Fall _____ Spring _____

Trainer Information: (If you are a coach and you utilized a trainer last season, list their name here. If you are requesting to be considered as a club trainer, please fill out this section completely).

Name: _____ License Level: _____

Trainer Experience: _____

Signature of Applicant: _____

References:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____