



**EXETER-WEST GREENWICH  
YOUTH SOCCER ASSOCIATION**  
**“STRIKERS” DEVELOPMENTAL / COMPETITIVE  
COACH'S APPLICATION**  
*(ALL COACHES AND TEAMS SUBJECT TO EXECUTIVE COMMITTEE SELECTION)*

**COACHING HISTORY:** Please list team(s) you have previously coached as a Head Coach or Assistant Coach. Include age group, gender and note recreational and/or competitive program. List N/A if you have not previously coached:

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**Upon being selected as coach, I agree to strictly adhere to the EWGYS “Developmental / Competitive Rules and Regulations”.**

**Applicant’s Signature:** \_\_\_\_\_

*EXECUTIVE COMMITTEE APPROVAL: YES NO TEAM ASSIGNED:* \_\_\_\_\_

*DIRECTOR’S SIGNATURE:* \_\_\_\_\_

*EXECUTIVE COMMITTEE APPROVAL DATE:* \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**SPECIFIC AGE/GENDER GROUP PREFERENCE:** \_\_\_\_\_

*(Assignment dependent on executive committee decision)*

**Girls: U8G U9G U10G U11G U12G U13G U14G U15G U16G U19G**

**Boys: U8B U9B U10B U11B U12B U13B U14B U15 U16B U19B**

**CERTIFICATION NATIONAL: A B C D E STATE: LEVEL 1 2 3 4**

What Association are you currently a member of: \_\_\_\_\_

***Completed Application must be turned in to the Competitive Director at [competitive@ewgsoccer.org](mailto:competitive@ewgsoccer.org) prior to the Annual General Meeting each year.***



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**EXETER-WEST GREENWICH  
YOUTH SOCCER ASSOCIATION  
(EWGYS)  
P.O. BOX 615  
EXETER, RI 02822**

**Please print or type:**

**APPLICANT NAME** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**DISCLAIMER**

I \_\_\_\_\_, request that the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to me any criminal record that I may have on file with the Bureau of Criminal Identification.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

\_\_\_\_\_  
 (Signature of Applicant)

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

**Notary Public:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

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