

INTENT TO COACH/ASSISTANT COACH

Season: Fall _____ Spring _____ Year: _____

First/Middle/Last Name: _____ Male/Female: _____

Date of birth: _____

Address: _____ City/State/Zip: _____

Home phone: _____ Cell number and provider: _____

Best contact number: _____ Email address: _____

Name of child/children wishing to coach: _____

Current Team(s) Information, if applicable:

Age/Gender: _____ Team Name: _____ Circle one: C AC1 AC2

Age/Gender: _____ Team Name: _____ Circle one: C AC1 AC2

Age/Gender: _____ Team Name: _____ Circle one: C AC1 AC2

Coaching History:

Circle one: New to coaching 1-2 years 3-5 years 5+ years

Coaching license: G F E D C B A (circle highest obtained)

Discipline History: Have you ever been:

Sent-off? YES or NO If yes, explain: _____

Cautioned? YES or NO If yes, explain: _____

Brought before Rules & Discipline? YES or NO If yes, explain: _____

Disciplined by GLSA or NTSSA? YES or NO If yes, explain: _____

By completing and signing this Intent to Coach/Assistant Coach/Manager form, I am volunteering my time to GLSA should player registration create a need. I understand that signing this form **DOES NOT** guarantee that I will coach a team for the upcoming soccer season. **I understand that a failure to declare intent could eliminate any priority consideration when teams are formed.**

Signature _____ Date _____