

# Tottenham & District Soccer Club - Coaching Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Res: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ OSA #: \_\_\_\_\_  
ddd mmm yy

## THE TEAM YOU WOULD LIKE TO COACH

**1<sup>st</sup> Choice** - Age Division: \_\_\_\_\_ Girls \_\_\_\_\_ Boys \_\_\_\_\_

**2<sup>nd</sup> Choice** - Age Division: \_\_\_\_\_ Girls \_\_\_\_\_ Boys \_\_\_\_\_

Do you have a child playing – if so, please fill in the following:

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B.: \_\_\_\_\_

## COACHING INFORMATION - Note: Minimum Coaching Certification is OSA Child Level/Level I Technical

Present Coaching Certification: \_\_\_\_\_ Certification No.: CC \_\_\_\_\_

Coaching History (Experience, Awards): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Playing History (Teams, Leagues, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your coaching goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is the aim of the Tottenham and District Soccer Club to promote a safe, positive sport experience for our players. We ask our coaches to encourage fair play and sporting behaviour as well as to deliver soccer skills and tactics to our players. Our club is prepared to assist you through our head coach and clinics offered through the year.

Are you willing to take on these responsibilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any area you would like more info about? \_\_\_\_\_

**NOTE: Coaches are expected to attend a pre-season technical meeting.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

P.O. Box 172 Tottenham, ON L0G 1W0 905 936-1190 fax: 905 936-4176 Email: [admin@tottenhamsoccer.com](mailto:admin@tottenhamsoccer.com) Web: [www.tottenhamsoccer.com](http://www.tottenhamsoccer.com)

**SUBMIT APPLICATIONS BY April 1<sup>st</sup>**