



**Peninsula Soccer  
Association – Coaching  
Application  
2008/2009**

Please complete the following and return to:  
Coaching Applications  
Peninsula Soccer Association,  
PO Box 2582, Sidney, B.C. V8M 4C1  
**Application deadline is February 22, 2008**

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

Date of birth: YYYY \_\_\_\_\_ MM \_\_\_\_\_ DD \_\_\_\_\_

Address: \_\_\_\_\_ City / Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Which Coaching Team position are you applying for? \*Coach  \*Asst Coach  \*CoCoach

Coaching a boys or girls team?  Boys  Girls

If applicable please give the name of the person you would like to coach with\*\* \_\_\_\_\_

Which age level (listed by year of birth of your child) are you applying to coach for?

2003 (U6)  2002 (U7)  2001 (U8)  2000 (U9)  1999 (U10)  1998 (U11)  1997 (U12)  
 1996 (U13)  1995 (U14)  1994 (U15)  1993 (U16)  1992 (U17)  1991 (U18)

Persons applying to Coach players in the Under 12 to Under 18 age groups what level of competition are you interested in coaching:  Gold  Silver  Bronze

Are you Head Coach/Assistant Coach for another team or club?(Have you completed a separate form?) YES  NO

Name of Team \_\_\_\_\_ Level \_\_\_\_\_ Name of Club \_\_\_\_\_

Please provide details of coaching History:

How Many Years? \_\_\_\_\_ Where? \_\_\_\_\_ What Age Groups? \_\_\_\_\_

(cont. on back)

Please provide details of Playing History:

How Many Years? \_\_\_\_\_ Where? \_\_\_\_\_ What Age Groups? \_\_\_\_\_

Please provide details of Refereeing History:

How Many Years? \_\_\_\_\_ Where? \_\_\_\_\_ Certification Level: \_\_\_\_\_

Are you willing to sign PSA's coaches code of conduct and follow all policies and guide lines of PSA and our affiliated association,

LISA, BCSCA, CSA and FIFA? YES  NO

If you have participated in the National Coaching Certification Program:

What Level have you achieved? Theory  Practical  Technical  Community Coaching Youth

Community Coaching Senior  B Prep  Provincial B  Other \_\_\_\_\_

Are you interested in becoming certified or in upgrading? YES  NO

If you are a full time student where? \_\_\_\_\_ If Yes, will you receive credits for coaching?

YES  NO

First time applicants please provide a minimum of two references

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If you have completed any other sports related technical courses please list them (cont. on back).

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

\*Selection of Coaches is made in accordance with polices and procedures of the Peninsula Soccer Association (PSA) in effect at that time.  
Completion and Submission of this application does not mean nor will it necessarily result in automatic acceptance or successful selection of the person applying to coach by PSA

\*\* Listing of person you would like to coach with does not guarantee the listed person will be automatically accepted.

**NOTE:** For this application to be accepted a completed Risk Management form "A" must be submitted with this form;  
Form available from: <http://www.bcsoccer.net/bcsa/Portals/0/Member/FormA2006.pdf>