

Please print and fill out the entire form

Personal Information:

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

(Please provide email that is checked regularly)

Home Phone _____

Cell Phone _____

Does cell phone accept text messages? Yes No

Coaching Experience Information:

Years of Coaching Experience _____

Years of playing experience _____

Have you had any coach training? _____

Team you coached last year _____

Coaching Information:

Child's Name _____

Assistant Coach Head Coach

Child's Name _____

Assistant Coach Head Coach

Child's Name _____

Assistant Coach Head Coach

If you are also sponsoring a team please tell us the name _____

Coaches Black Dry Fit T-Shirt Size: AS AM AL AXL A2X A3X A4X

End of year T-Shirt Size: AS AM AL AXL A2X A3X A4X

Scheduling Information: Please let us know of any conflicts you may have, we will do our best to honor requests but please remember we have a lot of coaches. You will have an assistant coach in case you cannot be there.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Saturday _____

In order to coach for GYSL you will have to fill out a risk management form that allows us to perform a background check on you. You will also be required to attend a mandatory coach's clinic in late July or early August, we will let you know that date as soon as we have it confirmed. All teams will be responsible for working one day in the concession stand; it will be up to you to recruit parents for this day.

Coaches Signature

Date