



Fall 2009 & Spring 2010 Team Head Coach Application

Deadline: Must be received by May 1, 2009 for teams playing fall and spring seasons & January 5, 2010 for spring season only teams.

Age Level: (circle all that apply) COED GIRLS
U-10 U-12 U-14 U-16 U-19

Will you have a child trying out for this team? (please circle) Yes No

Please Fill In All Boxes Below

First Name	MI	Last Name
Birth Date	Social Security Number	
Gender: (please circle) male female		
Home Phone #	Cell Phone #	
E-mail Address		
Street Address		
City	State	Zip Code
Driver's License #	State	Expiration Date

Previous Residence(s) for the last 5 years: (please use back of form if necessary)

Street Address	City	State	Zip Code
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Have you ever been convicted of a crime of violence? (please circle one) Yes No
 If yes, please explain using the back of this form ...

Have you ever been convicted of a crime against a person? (please circle one) Yes No
 If yes, please explain using the back of this form ...

I understand that:

- a) It is the intent of PA West Soccer to deny certification to any person who has been convicted of a crime of violence or of a crime against a person.
- b) In applying for a Hollidaysburg Soccer Association position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.
- c) This disclosure statement must be updated every year.
- d) Submitting an application does NOT guarantee you a coaching position.
- e) If there is more than one applicant per age level; the number of teams and head coaches will be decided by the Hollidaysburg Soccer Association Board. DECISIONS ARE FINAL
- f) Assistant Coaches are selected by the Head Coach

Do you have any responsibilities that will hinder your commitment towards practices and games?
 [Ex. Flag Football / HAYFA / Baseball / Softball / Dance / Gymnastics]

Please explain: _____

Applicant's Signature: _____

Date: _____

First Name

Last Name

Playing Experience:

of years

Levels: (circle all applicable)

Recreational: _____ AYSO USYSA Other: _____
of years

Club / Travel: _____ Travel Classic Other: _____
of years

List Club / Travel Teams:

School: (circle all applicable) _____ Junior High High School

List Schools:

College: (circle all applicable) Div I Div II Div III NAIA Other: _____

List Colleges:

Coaching Experience:

of years

Levels: (circle all applicable)

Recreational: _____ AYSO USYSA Other: _____
of years

Club / Travel: _____ Travel Classic Other: _____
of years

List Club / Travel Teams:

School: (circle all applicable) _____ Junior High High School

List Schools:

College: (circle all applicable) Div I Div II Div III NAIA Other: _____

List Colleges:

Coaching License(s):

Referee Grade (if applicable):

Coaching Philosophy (i.e. what is really important to you as a coach?):

Please use back of form in necessary

Please return form to:

Hollidaysburg Soccer Association
P.O. Box 76
Hollidaysburg, PA 16648
HSAPresident@soccer.org

