

Richmond Kickers Youth Soccer Club

Coaching Application

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL _____

COACHING PREFERENCES (Please check all that apply)

TRAVEL _____ RECREATIONAL _____

AGE GROUP:

U9 ___ U10 ___ U11 ___ U12 ___ U13 ___ U14 ___ U15 ___ U16 ___ U17 ___ U18 ___

GENDER: BOYS _____ GIRLS _____

HEAD COACH _____ ASSISTANT COACH _____

AGE GROUP DIRECTOR (Recreational Only) _____

QUALIFICATIONS

USSF "A" ___ "B" ___ "C" ___ "D" ___ "E" ___ "F" ___

NATIONAL YOUTH _____ OTHER (Please specify) _____

YEARS OF COACHING EXPERIENCE _____

YEARS OF PLAYING EXPERIENCE _____

In the space below, briefly summarize your previous playing and coaching experience, your coaching philosophy and your ideas that are most important to you in developing youth soccer players. Use additional space if necessary.
