

Sacred Heart Soccer Association

Complete One Form Per Georgia Soccer Calendar Year (August 1st – July 31st)

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address(es): _____

Driver's License Number: _____ State: _____ Expiration: _____

Date of Birth: _____

Desired Role(s): Head Coach Assistant Coach Trainer Other (Specify: _____)

Desired Age Group(s): U6 U8 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Desired Program(s): Recreational Select (Academy, Classic, or Athena)

Previous Coaching / Training Experience: Yes / No (Circle One)

Location(s): _____

Number of Years Coaching / Training: _____ Age Group(s): _____

Highest Level Georgia Soccer Coaching Course Completed: _____ Date Completed: _____

Why do you want to coach / train at SHSA? _____

1. I will coach for both fall and spring season unless I am asked not to or I experience extenuating circumstances.
2. I will fully participate as requested at soccer camp held in the summer. I will fully participate as requested with team pictures, all fundraising activities, and any other SHSA initiatives throughout the year. I will attend all coaches' meetings.
3. I will represent SHSA with honor and enthusiasm. I will be a mature role model for my team players and parents. I will treat my fellow coaches and referees with respect. I will exhibit the highest standards of sportsmanship.
4. I will ensure players are provided a safe and enjoyable learning environment. I will ensure parents do not "coach" from the sidelines or interfere with games. I will ensure parents provide enthusiastic support for all players.
5. I will further my soccer education both inside and outside of the classroom. I will complete coaching courses as appropriate for the age groups I will be working with. I will be intimately familiar with the FIFA Laws of the Game and other governing rules, regulations, and policies set out by Georgia Soccer and SHSA.
6. I will attend the next offering of the VIRTUS class at Sacred Heart Catholic Church if I have not yet taken it.
7. I understand the SHSA Directors have final authority on any matters listed above or otherwise related to my involvement and participation with SHSA.

Upon signing this agreement and meeting all SHSA requirements stated herein and otherwise, recreational head coaches will be entitled to a refund at the end of each season for the registration cost of one recreational player and one refund per year for the uniform cost of one recreational player. Your signature below also provides consent for a background check to be performed on you.

Signature: _____ Date: _____