



## Fairport Soccer Club

PO Box 903

Fairport, NY 14450

[contactus@fairportsoccer.com](mailto:contactus@fairportsoccer.com)

### Application to Coach Youth Soccer

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Coaching Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Playing Experience:  
Recreational: \_\_\_\_\_ Travel: \_\_\_\_\_ High School: \_\_\_\_\_  
College: \_\_\_\_\_ Professional: \_\_\_\_\_

License(s) Held: \_\_\_\_\_

Do you coach other sports?: \_\_\_\_\_  
If Yes, Explain: \_\_\_\_\_

Do you have children in the club? \_\_\_\_\_ Age(s)/Gender(s): \_\_\_\_\_

Desire Gender/Age to Coach: \_\_\_\_\_

By signing this document I certify that I have read the FSC12 Coaching Guidelines, and agree to the expectations set forth by the Fairport Soccer Club.

Signature: \_\_\_\_\_