



Fairport Soccer Club

PO Box 903

Fairport, NY 14450

contactus@fairportsoccer.com

Application to Coach Youth Soccer

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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 FSC Coaching Guidelines, and agree to the expectations set forth by the Fairport Soccer Club.

Signature: _____