

# CHARIHO Youth Soccer Association

## Assistant Coaching Request Form

C.Y.S.A., P.O. BOX 1207, HOPE VALLEY, RI 02832

Age Bracket \_\_\_\_\_ Division \_\_\_\_\_

Name of Tournament / Season \_\_\_\_\_

Location \_\_\_\_\_

Dates of Tournament \_\_\_\_\_

### CYSA Approved Head Coach Endorsement

Name \_\_\_\_\_

**“I AM REQUESTING THAT THIS APPLICANT ASSIST ME WITH MY TEAM IN THE CAPACITY OF ASSISTANT COACH”**

**Head Coach Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Assistant Coach Information

Name of Applicant \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

Number of Years Coaching \_\_\_\_\_ Coaching License: \_\_\_\_\_ Level \_\_\_\_\_

Where / When Obtained \_\_\_\_\_

Has Applicant Played Organized Soccer: \_\_\_\_\_ What Level \_\_\_\_\_

Comments: \_\_\_\_\_

**“I HAVE RECEIVED THE CYSA COMPETITIVE COACHES HANDBOOK, HAVE READ AND UNDERSTOOD ITS CONTENTS, AND AGREE TO COMPLY WITH THE RULES AND CONDUCT SET FORTH THERIN.”**

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### FOR LEAGUE USE ONLY

Date Received \_\_\_\_\_ Date Voted On \_\_\_\_\_

Vote: APPROVED / DENIED \_\_\_\_\_ Date Applicant Notified \_\_\_\_\_

Treasurer Requested to Paid \_\_\_\_\_ Date \_\_\_\_\_

Payable To \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: