



LBYSO Signature League Coaching Application Fall 2008 - Spring 2009

Head Coach _____ Assistant Coach _____

Coach's Name: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Soccer Coaching Experience:

Number Fall Seasons _____ Number Spring Seasons _____

Mayor's Cup or Outside Tournament Experience: _____

What Division would you like to Coach?

Boys - Girls and Level U9 - U10 - U11 - U12 - U13 - U14

Coaching License Certificate: Level YM1/YM2/YM3/F/E/D/C/B/A

License Number _____

Do you expect to attain a higher license in (circle) 6 - 12 - 18 months or Never

Describe your organization and preparation of your training/practice sessions:

Reason for Loss of Sportsmanship Point this Fall (If Applicable)



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Will you referee? Yes ____ No ____ Can you provide Referees? Yes ____ No ____

Other Youth Coaching Experience:

Briefly state why you want to and are qualified to coach Signature Soccer (Please be specific):

All coach applicants must submit an application for review by the LBYSO Signature Committee Fall 2008 – Spring 2009. All applications must be received no later than April 21, 2008. Mail or Email to:

LBYSO Signature Committee Fall 2008 – Spring 2009

P.O. Box 8543

Long Beach, CA, 90808

Email: intermediateplay@lbyso.org

The LBYSO Signature Committee Fall 2008 – Spring 2009 selects coaches and reserves the right to reject any coach application. The decision of the LBYSO Signature Committee is final.

_____ Initial here if you do NOT have a Coaching License. Your initials indicate that you are aware that you must pass Cal South Risk Management and have or obtain an “E” Level-coaching license through Cal South. You are indicating that you will take Risk Management and attend the required courses prior to August 1, 2008.

I, _____, would like to coach an LBYSO Signature soccer team for the Fall 2008 – Spring 2009 seasons. I understand that a minimum of an “E” Level Coaching License and Risk Management is a prerequisite to becoming an LBYSO Head Coach. I will read the 2008 LBYSO Playing Rules and Regulations and the 2008 Cal South Signature Rules prior to the beginning of the playing season. I agree to abide by all of the LBYSO Rules and Regulations and Code of Conduct. I understand that my continuance as a Head Coach of an LBYSO team will be subject to suspension or termination should I fail to adhere to the Rules and Regulations and Code of Conduct of Long Beach Youth Soccer Organization, or if I fail to obtain a Coaching License and pass Risk Management.

Applicant’s Signature: _____ **Date:** _____