

Woodbridge Soccer Club

Club Office: 7401 Martingrove Rd., Woodbridge, Ontario
 Mailing Address: 5289 Hwy #7, Unit 7, Box 56571, Woodbridge, Ontario L4L 8V3
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HOUSE LEAGUE COACH APPLICATION

(Please Print Clearly)

| | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------|----|----------------------|----------------------------------------------------|----|-------|-----|--------|--------|--------|-----|
| Name: | | Home Phone: | | | | | | | | | | |
| Address: | | Cellular Phone: | | | | | | | | | | |
| | | Work Phone: | | | | | | | | | | |
| Postal Code: | | E-Mail Address: | | | | | | | | | | |
| DOB: MM / DD / YYYY | | Fax Number: | | | | | | | | | | |
| TEAM APPLIED FOR: (CIRCLE ALL THAT APPLY) | | | | | | | | | | | | |
| (Co-ed) | U4 | U5 | U6 | Boys | U7 | U8 | U9 | U10 | U11-12 | U13-14 | U15-16 | U17 |
| | | | | Girls | U7-8 | | U9-10 | | U11-12 | U13-14 | U15-16 | U17 |
| COACH'S REQUESTS | | | | | | | | | | | | |
| Child's Name: | | DOB: MM / DD / YYYY | | | | | | | | | | |
| Asst. Coach (if any): | | Child's Name: | | DOB: MM / DD / YYYY | | | | | | | | |
| Sponsor (if Any): | | Child's Name: | | DOB: MM / DD / YYYY | | | | | | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| Note To All Coach's: These Requests Are In Addition To Your Child, Your Sponsor's Child and Assistant Coach's Child (If Any). There Will Be No Requests Beyond Registrations | | | | | | | | | | | | |
| NCCP COACHING LEVELS (Please circle and provide NCCP number): | | | | | | | | | | | | |
| NCCP Level | 1 | 2 | 3 | No. | If None, Are you interested in taking your levels? | | | Y | N | | | |
| COACHING EXPERIENCE (provide a brief summary): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| REFERENCES | | | | | | | | | | | | |
| Name: | | Organization: | | Tel: | | | | | | | | |
| Name: | | Organization: | | Tel: | | | | | | | | |
| Coach's Signature: | | | | Date: MM / DD / YYYY | | | | | | | | |
| CLUB'S APPROVAL | | | | | | | | | | | | |
| Name: | | Date: MM / DD / YYYY | | Initials: | | | | | | | | |