



# WHITBY IROQUOIS SOCCER CLUB

## Rep Coach Application Form

SEASON \_\_\_\_\_ RETURNING COACH \_\_\_\_\_

ARE YOU APPLYING FOR THE AGE GROUP LEAD COACH POSITION?										YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE INDICATE GENDER										BOYS <input type="checkbox"/>	GIRLS <input type="checkbox"/>
<b>PLEASE CIRCLE AGE DIVISION BELOW</b>											
U8 2001	U9 2000	U10 1999	U11 1998	U12 1997	U13 1996	U14 1995	U15 1994	U16 1993	U17 1992	U18 1991	SENIOR 1990 -

**Please print clearly**

Name	Phone #
Address	
City	Postal Code
E-mail	

**QUALIFICATIONS:** Have you achieved OSA Senior Level  YES  NO

**EXPERIENCE:** Have you coached at WISC before  YES  NO

**HIGHEST LEVEL COACHED:** HOUSE LEAGUE  SELECT  ALL STAR  REP

**RETURNING COACHES DO NOT NEED TO COMPLETE BELOW:**

<b>Describe all other coaching experience</b>

**WISC supports the Volunteer Screening Policies as required by our governing bodies. I understand my assignment to a team is not officially confirmed until I have complied with Club policies regarding submission of a current Police Records Check and attend a screening interview. I agree, by my signature below, to abide by the Club Code of Conduct, the Constitution and Policies & Procedures of Whitby Iroquois Soccer Club and its governing bodies (DRSA, OSA, CSA and FIFA).**

Applicant's Signature	Date
Approved by:  (Club Rep Name & Position)	Date