



Statement of Purpose: AYSO Region 65 Spring Select coaches are representatives of Region 65. With that in mind, applicants should possess coaching knowledge, leadership qualities, and most importantly the ability and the desire to embrace the spirit and philosophies of AYSO.

2009 DIVISION APPLYING FOR: U19 U16 U14 U12 U10 BOYS GIRLS

NAME _____ PHONE _____

EMAIL ADDRESS _____

PRACTICE DAYS AND TIME _____

PRACTICE LOCATION _____

COACHING INFORMATION:

YEARS AS HEAD COACH _____ DIVISIONS COACHED _____

YEARS AS ASST. COACH _____ DIVISIONS ASST COACHED _____

PREVIOUS SPRING SELECT COACH EXPERIENCE (PLEASE BE SPECIFIC – YEAR, DIVISION, HEAD OR ASST COACH): _____

AYSO COACHING CERTIFICATION DATE: AVAILABLE AT WWW. EAYSO.ORG

U12 _____ Intermediate _____ Advanced _____ SAFE HAVEN DATE _____

OTHER TRAINING (DESCRIBE) _____

OTHER VOLUNTEER POSITIONS (REFEREE, INSTRUCTOR, ETC)

DESCRIBE YOUR COACHING PHILOSOPHY

DESCRIBE YOUR STRENGTHS AND WEAKNESSES (BE HONEST):

ARE YOU FAMILIAR WITH HOW THE SPRING SELECT/SPRING SEASON WORKS?

YES ___ NO ___

IF YOU ARE SELECTED FOR A COACHING POSITION, HOW MANY TOURNAMENTS DO YOU ANTICIPATE PARTICIPATING IN?

LEAGUE AND 3 – 5 _____ TOURNAMENT TEAM 8 – 10 _____

IF YOU ARE SELECTED YOU WILL HAVE THE OPPORTUNITY TO COACH SOME OF THE MOST TALENTED PLAYERS IN REGION 65. THE REGION WILL BE ENTRUSTING IN YOU THE CARE AND WELFARE OF THESE PLAYERS PLUS THE LONG-TERM WELFARE OF OUR REGION'S SOCCER PROGRAM. IT IS UNDERSTOOD THAT THE REGIONAL BOARD DESIRES THE COACH AND EACH OF THESE PLAYERS TO RETURN THE FOLLOWING YEAR TO OUR PROGRAM IN ORDER TO SHARE THEIR EXPERIENCES AND SKILLS ACQUIRED DURING THE SPRING SELECT SEASON WITH OTHER PLAYERS AND COACHES IN THE REGION. IT IS FURTHER UNDERSTOOD THAT IF THE COACH ELECTS TO LEAVE THE REGION AND TAKE PLAYERS TO ANOTHER PROGRAM, THAT COACH WILL BE INELIGIBLE FROM ANY FURTHER PARTICIPATION IN REGION 65 SECONDARY PROGRAMS INCLUDING SPRING SELECT AND TOURNAMENT PLAY.

IN ADDITION TO THE ABOVE STATEMENT, I HAVE READ AND UNDERSTAND AYSO RULES AND REGULATIONS AND THE REGION'S REGIONAL GUIDELINES. I AGREE TO ABIDE BY THESE GUIDELINES AS THEY APPLY TO THE SPRING SELECT SEASON FOR RANCHO CUCAMONGA REGION 65

SIGNATURE _____ DATE: _____