

**Junior United Soccer Association
Fall 2009 Yorba Linda Area Recreational Youth Soccer Program
COACH APPLICATION FORM**

League Use (circle):	
Position:	Gender:
HC	Boys
AC	Girls
Age:	U6
	U7 U8
	U9 U10
	U11 U12
	U13 U14
	U15 U16
	U17 U18 U19

Please return this form by May 6th, 2009 by e-mail to galft@pacbell.net or by mail/drop to the address below:

If you are selected as a Head Coach, you will be notified in mid May.

Gary Tengelsen
JUSA YL Area Director
5157 Via Angelina
Yorba Linda, CA 92886

- Partial To-do list:
- 1) Sign up for coach training (check JUSA and CalSouth websites),
 - 2) Complete Program Admin Reg Form in June,
 - 3) New Coaches: Get fingerprinted in July

Coach Questions (training, fingerprinting, forms): go to www.jusa.org and select Coaches link in the left column.

Still have Coach questions?

YL Boys Coaches:	Contact Eric Frost	frost1@roadrunner.com
YL Girls Coaches:	Contact Jeff McCaughin	shakamccaughin@aol.com
YL Clinic Coaches:	Contact Ted Rose	tedr@electrorep.com

Other general questions? Call 714 999-7121 Thanks for offering to be coach. We appreciate your time and support.

Returning Coaches: Check your status in the CalSouth database. Is your info correct? Go to Member Logon at <http://www.calsouth.com/>

Please submit one form for each team requested. Please circle where asked. Position requested: Head Coach (HC) Assistant Coach (AC)

Coach License: Yes/No Level: YM, E, etc. _____ Nbr of yrs coaching soccer _____ Nbr of yrs coaching in JUSA _____

Player Safety: Did you have a CYSA (CalSouth) ID card last year? Yes/No CalSouth ID Nbr: _____

Coach: Name _____

Home address: Street/City/9 digit Zip _____

Please circle your PYLUSD Elementary School District (based on residence) in the Yorba Linda Area. (Note: This is not a practice field request form. We just want to understand how coach resources are distributed across neighborhoods in the city.):

- | | | | | |
|-------------|-------------------|-------------------|------------------|-----------------|
| YL West: | Lakeview (LA) | Linda Vista (LV) | Mabel Paine (MP) | Rose Drive (RO) |
| YL Central: | Fairmont (FA) | Glenknoll (GK) | Glenview (GV) | Woodsboro (WO) |
| YL East: | Bryant Ranch (BR) | Travis Ranch (TR) | | |

Phone: Home _____ Work _____ Cell _____

E-mail (required! print clearly) _____

Please list selected information about one child that would play on this team to help us confirm the team gender and age group. (Note: This is not a player freeze form. We will ask for freeze forms in May after we know the player count and coach count.)

	<u>Boy or Girl</u>		
Child's name	Gender	date of birth (MM/DD/YY)	Age Matrix

Experienced Coaches: We need mentors for coaches with less experience! Yes, I am interested in being a Coach Coordinator _____ (Contact Eric, Jeff or Ted for more information. We need your help.)

I UNDERSTAND THAT THIS FORM DOES NOT GUARANTEE THAT I WILL BE SELECTED AS A HEAD COACH

Applicant's Signature _____ Date _____

Notes and Other Info: _____

