2016-2017 BYSA Coaching Application

Name:		**Date:**	

Address:	

Home Phone:		**Additional:**	

Email address:	

Age U21		**Over 21**	

Request:

Age Group		**Team Level**		**Boys**	**Girls**

Your Certifications/License Level:

Current License(s) Level you hold	(Circle highest) G F E D C B A None
United States Youth Soccer Association	
NSCAA	
Other	
First Aid/CRP	
List any specialized training, seminars, educational classes, etc that you have attended in the past year):	

Participation:

Your most recent coaching position:	

Your child's current BYSA playing level:	

Billerica Memorial Day Tournament: Have you participated in the Billerica Memorial Day Tournament? Yes No

Have you brought a team? (If so list years involved) Yes / No

Years attended: _____

Have you helped with the preparations or running of the tournament? (If so list years involved and how you helped)

Please answer the following prompts:

Experience:
What is your experience in the sport of soccer: coaching, playing, refereeing, other?

In what other way other than coaching have you contributed to BYSA?

Coaching Candidate Questions

1. What is your approach to developing players?
2. What is your philosophy about playing different positions?
3. How do you handle player feedback for improvement?
4. Your keeper just missed the ball, and yells something unpleasant to their teammates, and stomps off the field in tears. What do you do?
5. What is the most valuable skill you bring to coaching?

Travel coaching applications must be emailed no later than **April 20th 2015**, A complete coaching application package will consist of:
• Completed BYSA coaching application
• Signed Coaches Code of Ethics form (on BYSA website under Forms/Files)

Please email to;
gregory.a.hamilton@verizon.com and marytrogers@comcast.net

Note:
All assistant coaches appointed by a coach must be approved by the BYSA Board.

Signature: _____ Date: _____