

# Chesapeake Soccer Club Staff Member Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Shirt size \_\_\_\_\_

Email \_\_\_\_\_ Alt Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_



## Previous Soccer Experience: (Coaching and/or playing)

DATES: ( - )	Level: Select/Adv/Rec/HS, etc.	Team Age bracket/Gender	Position Held (Head, Asst., Manager, etc.)

USSF Coaching License: Highest level obtained \_\_\_\_\_ Date obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ License No. \_\_\_\_\_

Staff Position requested (*Please circle*): Head Coach Asst. Coach Team Manager Other \_\_\_\_\_

**PLEASE CIRCLE REQUESTED PROGRAM, DIVISION AND AGE BRACKET.** \*CSC reserves the right to modify divisions to best include players. Please see [www.chesapeakesoccerclub.com](http://www.chesapeakesoccerclub.com) for program/division details.

Bracket formula: Child's Age on July 31<sup>st</sup> 2015 \_\_\_\_\_ + 1 = U \_\_\_\_\_ (U=under) This is your child's true age bracket. *If interested in playing up an age bracket, please indicate below in team request.*

RECREATIONAL MicroSoccer & Recreational Divisions	U4 U5 U6 MicroSoccer	U7 U8 MicroSoccer	U9/U10 Rec	U11/U12 Rec	U13/14* Rec *as available	U13-U15 HS 5v5 Fun League
<b>ADVANCED (TASL) or TRAVEL (VSL)</b> Circle one. <i>Interview with CSC Board of Directors REQUIRED.</i>	X	X	U9 U10	U11 U12	U13 U14 U15	U16 U17

**We make every effort to accommodate team and practice requests; however, such requests cannot be guaranteed.**

Boys/Coed or Girls? Team Name: U \_\_\_\_ - \_\_\_\_\_ *Name can be added by first practice, if new team.*

Practice Requests: Day/s \_\_\_\_\_ Time/s \_\_\_\_\_

Would you like to take advantage of the Head Coach discount? If yes, please contact Registrar BEFORE registering your child. Head Coach's child pays \$20 to register on the parent's team. One discount per Coach, per team. Non-transferrable.

**If returning**, any equipment refills/replacements on your wish list? *CSC accommodates requests wherever possible.*

\_\_\_\_\_ **If new**, Head Coach receives 1 Coach's shirt, 1 Coach's bag with basic equipment.

I certify that the information provided on this form is accurate to the best of my knowledge. I understand that I may be subject to a background check periodically, conducted by Virginia Youth Soccer Association (VYSA) and paid for by CSC. I have submitted the VYSA KidSafe form and hereby authorize the use of my Social Security Number for that purpose only. I accept that selection as Staff Member is solely at the discretion of Chesapeake Soccer Club (CSC), and may be terminated at any time. I agree to obtain a USSF coaching license as/if directed by the Club.

I agree to abide by all CSC policies, by-laws, rules, and Code of Conduct found on [www.chesapeakesoccerclub.com](http://www.chesapeakesoccerclub.com). I agree to comply with directions and requests from the Club for the benefit of all CSC's players. I understand that Head Coach discounts, equipment, practice space, and other requests made by me will be honored by CSC wherever and whenever possible, however may not be guaranteed.

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CLUB USE ONLY:** Equipment Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ KidSafe Form submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> Season updated: \_\_\_\_/\_\_\_\_/\_\_\_\_