



North Metro Soccer Association Coach Application

Full Name _____ Please Check Male Female

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ I would like to coach SUMMER FALL BOTH YEAR 20__

Applying For: Birth Year - / Prem C1 C2 C3 Maroon Gold Boys Girls

NOTE: I am only interested in coaching the team that my son / daughter in selected for

Level of coaching license you currently hold, check all that apply:

- USSF (hrs):** Y (U6-U8) Y (U8-U10) Y (U10-U12) E (20.0)
 D (40.0) (Circle - State or National) C (8 days) B (8 days) A (8 days)
- NSCAA (hrs):** Parent Coach Diploma (2.5) National Youth Diploma (21.0) State Diploma (5.0)
 Regional Diploma (13.0) Adv. Regional Diploma (21.0) National Diploma (50.0)
 Adv. National Diploma (50.0) Premier Diploma (50.0) Special Topics (various)
 High School Coaches Diploma (21.0) Director of Coaching Diploma (21.0)
 OTHER _____

Number of years you have coached soccer? _____ Number of years you have coached another sport? _____

List your coaching experiences:

- 1.
- 2.
- 3.

List your playing experiences:

- 1.
- 2.
- 3.

Your strengths as a coach are:

- 1.
- 2.
- 3.

Your weaknesses as a coach are:

- 1.
- 2.
- 3.

Why do you want to coach for the North Metro Soccer Association?

Please list two references:

1. Name _____ Phone number _____ Position _____
 Address _____ City / State / Zip _____
2. Name _____ Phone number _____ Position _____
 Address _____ City / State / Zip _____

E-mail to: U9-U10comp@northmetrosoccer.org
U11-U12comp@northmetrosoccer.org
U13upcomp@northmetrosoccer.org