

**CHESAPEAKE SOCCER CLUB
COACHES APPLICATION**

NAME: _____

AGE: _____

Address: _____

City: _____, State _____, ZIP _____ - _____

Phone (H): _____ Phone (W): _____ Email _____

Head Coach _____ Asst Coach _____ (Check One)

Age Group for which application is being submitted (circle):

U-6 U-8 U-9 U-10 U-11 U-12 U-13 U-14 U-15 U-16 U-17 U-19

Gender (circle): Boys Girls

Previous Coaching experience:

Dates	Club or League	Age Group(s)	Level (Rec/Adv/Travel)

USSF License Data:

Level	Date Attained:	License No.
F		
E		
D		
C		
B		
A		

“I understand that selection as a coach is solely at the discretion of my member club. By submitting this application, I certify that the information I have submitted is accurate and that I may be subject to a background check for verification. I understand that my tenure as coach is at the discretion of my member club and that my status may be terminated at any time. If unlicensed, I agree to obtain the applicable USSF License within one soccer year of appointment as a coach.”

Signature _____ Date _____

