



350 Massachusetts Avenue, PMB 212, Arlington, MA 02474  
781-641-4085 • email: arlingtonsc@comcast.net • www.arlingtonsoccerclub.com

## Coaching Application / New Coaches

Name: \_\_\_\_\_ Year and Season: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Work (optional): \_\_\_\_\_

Have you coached before for the ASC?   YES  NO If yes, when: \_\_\_\_\_

Have you coached before for another club  YES  NO If yes, when: \_\_\_\_\_

If yes, what age group and gender? ( ex. U12 Girls, U10 Boys): \_\_\_\_\_

Do you have a coaching license:  YES  NO If yes, what level: G F E D C B A

Are you applying to be a head coach, assistant coach, or manager:  Head  Assistant  Manager

### Please check the program, age group and gender you are applying to coach:

#### Intown Programs

#### Traveling Programs (BAYS)

U6 Clinic (Co-ed, Kindergarten)

U11 (5th Grade)

BOYS  GIRLS

U7 Clinic (Co-ed, 1st Grade)

U12 (6th Grade)

BOYS  GIRLS

U8 League (Co-ed, 2nd Grade)

U13 (7th Grade)

BOYS  GIRLS

U9 In-Town  BOYS  GIRLS

U14 (7th & 8th Grade)

BOYS  GIRLS

U10 In-Town  BOYS  GIRLS

U16/U18 (High School)

BOYS  GIRLS

Please list three personal references below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. \_\_\_\_\_

It is mandatory Arlington Soccer Club (ASC) and Mass Youth Soccer (MYS) policy that all coaches and managers, both new and returning, must be registered with the ASC so as to be insured and affiliated with MYS. All coaches, both new and returning, will have their name and date of birth submitted to MYS for the purposes of being insured and affiliated as well as having a CORI background check conducted through MYS.

Please mail this application to: Arlington Soccer Club, 350 Massachusetts Ave., PMB 212, Arlington MA 02474