

COACHES APPLICATION

CVSA HOUSE LEAGUE U6 – U12

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

Assistant Coach you would like to coach with:

DIVISION YOU WOULD LIKE TO COACH: U11/12G U11/12B U10 U9 U8 U7 U6

Child's name you would be coaching:

Coaching Experience:

Certified Coaching Level:

U6 and U7 must have or plan on attending a mini clinic.

U8, U9, U10 and U11/12 coaches must have or plan on attending a CCY coaching clinic.

Which clinic would you like to attend?

Mini soccer CCY (The club will pay the registration fee.)

Outdoor practices will be at the following fields, please circle the practice location you would like:

CVSA Soccer Fields

Cowichan Station El

Mill Bay El

Drink Water El

Duncan Elementary

Koksilah El

Alexander El

Alex Aitken

Other: _____

Practice night that would best suits you?

Monday

Tuesday

Wednesday

Thursday

Practice time that would best suit you?

5:00PM TO 6:00PM

6:00PM TO 7:00PM

*The information provided on this form is being collected as part of our player, coaching and team management process. The information will only be used for purposes related to the daily operation of our soccer programs and is subject to the rules contained on the British Columbia Personal Information Privacy Act (PIPA). A copy of the LISA Rule 1300 describes how your information will be used and protected. A copy of the rule is available on request or may be viewed on the Lower Island Web Site (www.lowerislandsoccer.com). If you have any questions about the collection and use of this information you may contact your **Club Registrar** or the **Executive Director** of the Lower Island Soccer Association (250) 382-7489 or send an email to lowerislandsoccer@telus.net.*