

**Please circle which you prefer:**

Head Coach

OR

Assistant Coach



Office Use Only:

Youth Soccer League  
Coaching Application

**Please be sure to fill in all of the lines.** The information is necessary for our records.

**\*Please make sure to fill out home, cell phone and e-mail as they will be primary contact information placed on the roster. PLEASE FILL OUT ONE FORM PER AGE GROUP YOU WILL BE COACHING.**

**10-13 YEAR OLDS: ONLY 2-3 COACHES ALLOWED PER TEAM.**

Name: \_\_\_\_\_ Home Phone\*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone\*: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address\*: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Adult Shirt Size (Please circle one):**

- Adult Small
- Adult Medium
- Adult Large
- Extra Large
- Double Extra Large
- Triple Extra Large

Have you been convicted of a felony within the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(As a volunteer coach applicant, I realize that I am subject to a background check done by Munster Parks and Recreation and the Indiana State Police.)* \_\_\_\_\_

Initials

\_\_\_\_\_

Date of Birth (mm/dd/yyyy)                      Signature                      Date

**Do you have someone you wish to coach with?**

Name	Phone Number	Shirt Size
1.) _____	_____	_____
2.) _____	_____	_____

Please list coaching experience:

Sport	Age Level	Years Coaching
1.) _____	_____	_____
2.) _____	_____	_____

Please drop off, fax (219) 836-6541, or mail this application to Munster Parks and Recreation,  
Attn: Jill Higgins, 1005 Ridge Road, Munster, IN, 46321.