

## GOSHEN YOUTH SOCCER

P.O. BOX 283  
GOSHEN, Oh. 45122  
[www.goshenyouthsoccer.org](http://www.goshenyouthsoccer.org)

### COACHING APPLICATION

*PLEASE COMPLETE A SEPARATE APPLICATION IF COACHING MULTIPLE TEAMS*

NAME: \_\_\_\_\_  
*First*
*Last*
*Child's name*
*Relation to child*

ADDRESS: \_\_\_\_\_ Oh. \_\_\_\_\_  
*(complete mailing address including apt # or lot # if needed)*
*CITY*
*ZIP*

PHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
*(INCLUDE A 1 OR THE AREA CODE IF IT IS NEEDED TO CONTACT YOU)*

EMAIL: \_\_\_\_\_ *(Will only be used to relay soccer information to you)*

<input type="checkbox"/> Head Coach or <input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Division</u> <input type="checkbox"/> Candy 4 <input type="checkbox"/> Candy 5 <input type="checkbox"/> Passers U-8 <input type="checkbox"/> Wings U-10 <input type="checkbox"/> Strikers U-12 <input type="checkbox"/> Kickers U-14 <input type="checkbox"/> Minors U-16 <input type="checkbox"/> Seniors U-19	<u>Preferred Practice Nights</u> _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____
Current coach license: _____ Year received: _____			
Coaching/Playing experience: _____ _____			
I want to coach with: _____			
<b>NOTE:</b> Head coaches name the assistant coach <i>(If you are to assist a particular coach, the head coach <b>must</b> notify us prior to the team draw)</i>			We try our best to give all coaches the nights requested.

As a coach for GOSHEN YOUTH SOCCER, I agree to:

- Make practices and games safe, fair and FUN for the kids
- Read and abide by the SAY National rulebook (available at uniform/equipment pickup; online version available at [www.saysoccer.org](http://www.saysoccer.org))
- Instruct players about the laws of the game and encourage individual player skill development
- Use positive comments and encourage good sportsmanship
- Make sure teams play fair and that kids enjoy the game – don't run up the score
- Attempt to play all players equally and/or more than the required playing time of ½ game
- Treat referees with respect, regardless of their age or decisions
- Protect our equipment (Not allow players to play on or hang from goals, nets, corner flags, etc.)
- Protect our fields (Use the entire field during practices – not just the goal area and middle of the field. Not allow players dig ruts or kill the grass in the field)
- Attend applicable coach clinics (If an unlicensed coach, the free 3 hour coach clinic provided by GOSHEN is mandatory for head coaches and optional for assistant coaches).
- Distribute player uniforms and materials in a timely manner, keep accurate records of distributed materials, and return the completed checklist (provided by GOSHEN) to the league coordinator prior to our first game.
- Solicit and welcome feedback from players and parents concerning potential problems or ways to improve
- Attend (or send a team representative to) coach meetings, field day, uniform/equipment and picture pick up
- Ensure my team's shift is covered for concession stand duties
- Check the Goshen Youth Soccer website and my email frequently for updates
- Read, follow, and advise player parents to read and follow the Code of Ethics and Conduct
- Complete the SAY National Volunteer Form
- Read the complete Head Coach Commitment and Additional Coaching Information (including Times Two Policy)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(complete both sides please)*

**Membership, Waiver and Indemnity Agreement – Limited Power of Attorney for Health Care  
GOSHEN**

I the undersigned, for myself, as a condition of, and in consideration of, membership in the Goshen Youth Soccer Association (GYSA) soccer program hereby agree to abide by the rules and regulations of GYSA and any other organization with which it is associated. I understand and agree that if I fail to abide by such rules and regulations that the GYSA Board of Directors may review my actions and may revoke my membership or take other disciplinary action in accordance with its bylaws. I further agree to pay such membership dues and fees as may be assessed by GYSA in order to remain a member in good standing and to return, upon request, any and all uniforms and/or equipment provided to me while participating in the program and that if such uniform(s) and/or equipment is (or are) not returned in the same condition in which it was received, excepting reasonable wear and tear, to pay GYSA the replacement cost of such equipment.

I understand that in consideration of my membership in the GYSA, I am entitled to participate in GYSA sponsored activities. Except as listed below, I hereby certify that I am able to participate in the activities of the GYSA. I understand that if I am requested to furnish a physician's statement of fitness for said activities and fail to do so within the time allowed that all activities for me will be suspended until such statement is provided. With this understanding, I declare that to the best of my knowledge, I have no conditions which would limit my ability to participate in the activities of the organization except: (indicate None if no medical conditions exist) \_\_\_\_\_.

**HOLD HARMLESS AGREEMENT AND LIMITED POWER OF ATTORNEY FOR HEALTH CARE**

I, \_\_\_\_\_ certify that the information provided above is true and accurate to the best of my knowledge, and agree that any information not provided above will be provided within 10 days of the date shown below.

I further certify that I understand that participating in soccer and the training and activities related thereto as in any other sport entails certain risks, including but not limited to severe, permanent physical injury including but not limited to bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussions, brain damage, nerve and spinal cord injury, paralysis, disease, and / or death. I agree to fully indemnify and hold harmless and covenant not to sue Soccer Association for Youth (SAY), GYSA, their members, coaches, managers, trainers, assistants, agents, servants, heirs, executors, employees, designates, administrators and assigns, and all other persons, firms, and corporations from any and all claims, demands, causes of action, of any kind or nature, which may arise, directly or indirectly, as a result of my participation in or attendance at the activities of GYSA and / or the transportation of me to or from such activities; specifically including but not limited to injury to me, my spouse, my child and other children, my and their guest(s) and invitees; and for damage to or destruction of my, their and our property, and my and/or our membership in SAY/ GYSA. In the event that I am unable to make decisions on my behalf, I hereby authorize any and all necessary emergency medical treatment, services, and medication, including but not limited to emergency transportation, treatment, medication, surgery, or any other means necessary to protect the life and health of me as named herein, and grant to them my power of attorney to secure such treatment and to execute such documents as shall be necessary, in their sole discretion, to protect and preserve the life, health and safety of me. This limited power of attorney shall not expire until I or the emergency contact listed herein can be contacted and can make such decisions, at which time the authority granted by this document shall expire and further shall be effective for one year from the date last entered herein.

I further agree that I shall be financially responsible for all costs associated with medical treatment received as a result of the authority granted herein. I consent and direct that a copy of this document shall be as valid as the original for all purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Doctor's Name/Phone Number \_\_\_\_\_

Dentist's Name/Phone Number \_\_\_\_\_

Emergency Name/Phone Number \_\_\_\_\_