

Please circle which you prefer:

Head Coach

OR

Assistant Coach



Youth Soccer League
Coaching Application

Office Use Only:

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.

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: Skyler Ramberger, 1005 Ridge Road, Munster, IN, 46321.