

**HAMILTON SOCCER CLUB a DIVISION of HTRSA**  
**MANAGER/COACH/Assistant Coach APPLICATION**  
**2011 – 2012 SEASON**

Please Check One : Manager  Coach  Trainer

NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE - Home \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**CHECK ONE :**

BOYS - U 8  U 9  U 10  U 11  U 12  U 13  U 14  U 15  U 16   
U 17  U 18  U 19

GIRLS – U 8  U 9  U 10  U 11  U 12  U 13  U 14  U 15  U 16   
U 17  U 18  U 19

EXISTING TEAM : YES  NO  TEAM NAME : \_\_\_\_\_

NEW TEAM : YES  NO  TEAM NAME : \_\_\_\_\_

ANTICIPATED LEAGUE(s) : \_\_\_\_\_

ANTICIPATED LEVEL OF PLAY ( In that League ) : PREMIER  MID LEVEL  LOW

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EVERYONE WANTING TO COACH OR TRAIN MUST HAVE AT LEAST a : NJ Youth Soccer “ F “ LICENSE.

EVERYONE WANTING TO MANAGE/COACH/Assistant Coach MUST HAVE SUCCESSFULLY COMPLETED A FINGER PRINT BACKGROUND CHECK.

**APPLICANT'S SOCCER EXPERIENCE**

**AS A PLAYER :** \_\_\_\_\_

\_\_\_\_\_

**AS A COACH :** \_\_\_\_\_

\_\_\_\_\_

**LICENSE (s) :** \_\_\_\_\_ **ATTACH COPY (s)** \_\_\_\_ **Y** \_\_\_\_ **N**

**Please describe your coaching philosophy :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe your coaching expectations for the players & team :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe your training principles. How often do you anticipate your team will train ?**

\_\_\_\_\_

\_\_\_\_\_

**What would your typical training session look like ? :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe your philosophy regarding playing time :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What type of fund raising do you anticipate for your team ? :** \_\_\_\_\_

\_\_\_\_\_



