



Coaching Application/Team Official Registration Form

To be completed for each Team Official/Coach at the beginning of EVERY season

Season: Indoor Outdoor 20_____

SECTION 1 - Personal Information

Name: _____ Home#: _____

Address: _____ Work#: _____

_____ Cell#: _____

Postal Code: _____ Email: _____

Date of Birth: _____ Email2: _____
(YYYY/MM/DD)

NCCP Coaching Cert#: _____ Respect in Sport#: _____

Applying to work with the following team(s):

Club Name (SCForce, CYSA, Valour)	Team Gender (Boys/Girls)	Division (U10/U15)	Players Birth Year	Position (Coach, Assist. Coach, Manager)

Do you have a child registered with the St. Charles Soccer Association? Yes No

Does he/she play for the age group for which you wish to volunteer? Yes No



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SECTION 2 - CPIC/CAR

DECLARATION OF STATUS (for Team Officials who have been screened in the last 30 months by the St. Charles Soccer Association)

I _____ declare that I have cleared the following screening procedures in the last 30 months:

Criminal Record Search

Child Abuse Registry Check

In addition, I know of no circumstances that would have occurred since I was last screened which would change my status or prevent me from clearing the screening process at this time. I agree to allow St. Charles Soccer Association to release my successful screening information for the purposes of team travel as required by different associations/clubs.

Signature:

Date: (YYYY/MM/DD)

OR

IF you have not been screened by the St. Charles Soccer Association, but can provide current (issued within the last 30 months) copies of these screening checks to the St. Charles Soccer Association, please attach them to this document for our records and sign below:

I _____ declare that I have cleared the following screening procedures in the last 30 months:

Criminal Record Search

Child Abuse Registry Check

Copies of this documentation is attached to this form.

Signature:

Date: (YYYY/MM/DD)

OR

IF you do not have clearance documentation, sign this section and attach all screening forms and documentation with this application;

I _____ agree to allow St. Charles Soccer Association to complete a Criminal Record Check and Child Abuse Registry Check; and I agree to allow St. Charles Soccer Association to release my successful screening information for the purposes of team travel as required by different associations/clubs.

Signature:

Date: (YYYY/MM/DD)



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SECTION 3 – Coaching Information

Coaching Credentials:

Coaching Levels Attained:

Active Start FUNDamentals Learn to Train Soccer for Life

Child Youth Senior

Pre-B Provincial B National B

Are you willing and committed to taking additional training: Yes No

Please provide details of any other coaching related training:

Are you willing to coach a team where you do not have a child playing? Yes No

Experience:

Have you coached soccer before? Outdoor: Yes No Indoor: Yes No

For which Community Centre or Club(s) have you coached in the past?
(Please include age group and gender of players coached)

References:

- Name: _____ Phone: _____ Email: _____
Relationship to you: _____
- Name: _____ Phone: _____ Email: _____
Relationship to you: _____



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Conditions of acting as a Team Official;

By signing this application you acknowledge and agree:

1. To abide by the By-laws and Rule and Regulations of Winnipeg youth Soccer Association, St. Charles Soccer Association as emended from time to time;
2. To promote and abide by the Fair Play Policy established by the Winnipeg youth Soccer Association and endorsed by the St. Charles Soccer Association;
3. To complete a Criminal Police Information Check (CPIC) and Child Abuse Registry (CAR) search (*documents must be attached to this application*) required documents to be completed can be found at www.stcharles-soccer.com under the Coaches tab.
4. To complete the Respect in Sport program offered online though Sport Manitoba at <https://sportmanitoba.respectgroupinc.com/secure/> and report the number issued to you once you have completed the course to the St. Charles Soccer Association at registrar@stcharles-soccer.com

Dated the _____ day of _____, 20____.

Name: _____ Signature: _____
(Print Name)

Thank you for Volunteering with the St. Charles Soccer Association