



# AYSO AREA 10D Challenge Program COACH APPLICATION

## PREREQUISITES FOR BEING AN AYSO CHALLENGE COACH

- Current AYSO Volunteer Application Form filed at National Support & Training Center
- Compliant with age-appropriate training requirements per AYSO Program Guidelines AND Coast Soccer League and Cal South guidelines (prior to start of season)
- AYSO Safe Haven Certification AND Cal South-KIDSAFE Risk Management screening
- **Must commit to having a fully certified Assistant Coach and Team Manager** per Cal South applicable guidelines noted above
- **Must commit to meet all referee volunteer obligations** required by the “Give Back” to the core region provision, as noted in the Challenge Guidelines and Area 10D
- **Must commit to supporting the AYSO Philosophies at all times**
- 2 Years minimum coaching experience
- Recommendation by AREA 10D Challenge Program Selection Committee
- Regional Commissioner and Area Director Approval

## APPLICANT’S INFORMATION (Please Print)

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

**I am a returning Challenge Coach**

**I am a NEW Challenge Applicant**

## TRAINING (Circle highest attained and year training completed)

AYSO:            Intermediate            Advanced            National    Year: \_\_\_\_\_

USSF:            E            D-State            D- Nat'l            C            B            A\_\_\_ Year: \_\_\_\_\_

Did you use the AYSO Reciprocity agreement for licensing?    Yes            No

AYSO Referee:            Reg.            Int.            Adv.            Nat.            Year\_\_\_\_\_

## EXPERIENCE

Experience Coaching/Training – AYSO

Region: \_\_\_\_\_ Division: \_\_\_\_\_ Fall    All-Star    Spring    Extra    Challenge    Year\_\_\_

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Total years in coaching in AYSO \_\_\_\_\_



Experience Coaching/Training – Other Organizations (USYS, US Club, SAY, etc):

Club: \_\_\_\_\_ Level: \_\_\_\_\_ Years: \_\_\_\_\_ - \_\_\_\_\_

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Total years coaching in other organizations \_\_\_\_\_

Gender and age of division being requested to coach for Fall Program

Boys

Girls

U10

U12

U14

U16

U19

U11

U13

U15

U17

Additional experience you consider relevant to your application to coach a Challenge team:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If you require more space, please attach additional paperwork to your application when submitted)

**REFERENCES:**

Name / Phone # / email Address

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**NEW APPLICANTS:** PLEASE ATTACH PROOF OF COMPLETION OF TRAINING/LICENSING AND SAFE HAVEN CERTIFICATION COURSES AS WELL AS ANY ADDITIONAL REFERENCE LETTERS.

**RETURN COMPLETED APPLICATION TO:**

**LancasterAYSO.Challenge@gmail.com**