

Coach Request Form:

Youth Soccer League

Coach Information:

Name: _____ Phone Number: _____

Coach Shirt Size: _____ E-Mail: _____

Are you planning on being a head or assistant coach? _____

If you are a head coach, please state clearly your one assistant coach: _____

If you are an assistant coach, please state clearly the head coach of your team: _____

Please state your child's name: _____ One mutual friend: _____

Age Coaching (U6, U7, U8, U9, U10, U11, U12, U13 – All are coed): _____

Coaches Signature (By signing this I acknowledge I am now representing myself and Blue Springs Parks and Recreation according to the rules and guidelines set out in the handbook)

Signature: _____

Team Name/Color

Teams are chosen on a first submit, first receive basis. The sooner you turn in your coach request, the better chance you have of receiving your practice time AND team color.

Blue	Red	Yellow	Green	Black
Purple	White	Maroon	Navy	Orange
Sky Blue	Turquoise	Pink		

Team Name & Color:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

***filling out this form does not mean that your child is registered, it is just to make sure you are coaching your child and one additional friend.**

***Practice times will be decided at the coaches meeting.**

***Please make sure your assistant coach fills out this form as well.**

***Both assistant and head coach must fill this out/send it in before the coaches meeting.**

***Below is the link to go and fill out the background check. Both assistant and head coach must fill out the background check information**

<https://bib.com/secure-volunteer/city-of-blue-springs/>