



Charlotte County Soccer Federation

Coach Registration Form

Season: _____

Coach' Name _____ Date of Birth _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone _____

E-mail Address: _____

Preferred Age Group: (circle one) U6 U8 U10 U12 U14 U16

Preferred level: (circle one) Head Coach Assistant Coach Team Parent

Preferred Practice Site: _____

Proposed Practice: _____

Child(ren) Name(s): _____

COACH REQUIREMENTS

1. Attend all mandatory coaches meetings and scheduled training sessions.
2. Conduct two (2) or more practices per week for age groups U8 and up.
3. Abide by all CCSF's Modified Rules of Play.
4. Teach age appropriate soccer skills and FIFA's 17 rules of the game.
5. Provide a positive and constructive influence on all league participants.
6. Arrive early for practices and games or have an assistant coach available.
7. Never leave children alone or leave them behind at practices
8. Use of profanity, alcohol, and tobacco products at CCSF soccer sites will not be tolerated.
9. Equipment borrowed from CCSF will be returned in the best condition possible.
10. Missing equipment costs may be assessed to the Head Coach of a team if there is not reasonable explanation for the missing items.

Coach's Signature

Date