

**Highland Scots Soccer  
Application for Coaching**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Name of child(ren) currently in Highland Scots Soccer: \_\_\_\_\_

**Experience**

What coaching position are you interested in?	Head Coach	Assistant Coach			
What age division are you interested in coaching?	U6	U8	U10	U12	U14
Have you coached soccer before?	Yes	No			
If Yes, when did you coach and what age(s)? _____					

Have you ever played soccer?      Yes      No

**Training and Availability**

Do you agree to attend all mandatory Coaches Meetings?	Yes	No
Do you agree to attend all Coaches Training Sessions?	Yes	No
Do you agree to complete all in-service coaching lessons?	Yes	No
Do you have any commitments that might interfere with coaching?	Yes	No

If Yes, please explain: \_\_\_\_\_

**General**

Why do you want to serve as a coach? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

As a token of our thanks for volunteering as a Head Coach, Highland Scots Soccer offers you a 50% registration reimbursement of the corresponding divisional fee (limit one player's fee). Please initial one of the following:

\_\_\_\_\_ I would like to receive a 50% reimbursement

\_\_\_\_\_ I would like to donate my 50% reimbursement towards the purchase of new soccer equipment

**Applicant's Statement of Release**

I recognize that Highland Scots Soccer is relying on the accuracy of the above information to evaluate my application. Accordingly, I attest and affirm that all of the information I have provided is true and accurate. In consideration for my application, I release any individual or organization from any and all liability for any damages which may result to me on account of compliance with this authorization. Should my application be accepted, I agree to be bound by the policies of Highland Scots Soccer and to refrain from unethical and/or illegal conduct in the performance of my services on behalf of the program.

Additionally, I understand that as a prospective coach, I must complete a Criminal Background Check through the Ohio South Youth Soccer Association (OSYSA). In completing OSYSA's Criminal Background Check, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or federal. I hereby release local, state, and federal law enforcement agencies from any and all liability resulting from such disclosure.

I have carefully read the above release and authorization and understand the contents. I sign this release of my own free will. This is a legally binding agreement that I have read and understand. Any false statements on this document may be grounds for immediate dismissal from Highland Scots Soccer.

Printed Name \_\_\_\_\_

Printed Maiden Name(s) or Aliases \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any information gained as a result of the release or authorization will only be used by the Highland Scots Soccer organization for the sole purpose of evaluating this application.

***Questions? Contact Greg Thomas at (419)210-0367 or [hsscoachingdirector@gmail.com](mailto:hsscoachingdirector@gmail.com)***

**Administrative Use Only:**

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Completed Criminal Background Check
- \_\_\_\_\_ Attended Coaches Meeting
- \_\_\_\_\_ Attended Coaches Training Session(s)
- \_\_\_\_\_ Completed in-service training lessons

**Application has been:**

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Rejected due to \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_