Competitive Coaching

Name	Date
Address	
Telephone	Email
required. Your answers serve to introduce you	p in mind that prior coaching experience is not u to the board and help them move forward in on. Please email the completed form to Connie empetitive Coordinator.
☐Head Coach ☐U8 ☐U10	d PositionAssistant CoachU12U14GirlsCoed
Do you have a child playing in the level you are interested in coaching? \square Yes \square No Do you have experience as a coach? \square Yes \square No If yes, give a brief explanation.	
License Level	None
Clinic Participation	None
Do you have experience as a player? \square Yes \square No \square If yes, give a brief explanation.	

Competitive Coaching

What is your coaching philosophy?	
Your goals for the team	
Other qualifications	

Thank your for offering your time to coach for the RYSA competitive season. We will contact you as soon as the board has made a decision. For any questions or concerns call Jeff Carruth, RYSA Board President, at 840-1967.