



**Nelson County Youth
Soccer Association**

Coach Application

The NCYSA appreciates the time and commitment that volunteer coaches give to their players and team. Coaches are selected based on several criteria including Coaching Certification level and experience working with youth. Prior coaching experience is not required.

A Background Check Form must be filled out and turned in with the Coach Application. The Nelson County Recreation Department will conduct a background check on all applicants. The background check is provided free of charge and completed by the Records Pretrial Services in Frankfort, Kentucky.

Each coach that plans to conduct practice or provide instructional advice on the sideline must complete this form and mail to NCYSA, PO Box 821, Bardstown, Ky 40004. Do not turn in to the Bardstown Rec. Dept.

Please Print

| Coach Information | | | |
|--|-------------------|---|---|
| <input type="checkbox"/> HEAD COACH | | <input type="checkbox"/> ASSISTANT COACH | |
| Last Name | First Name | MI | |
| Street Address, City, State, Zip | | | Home Phone: |
| E-mail Address | | | Other Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Experience in Youth Soccer | Years Experience: | Coaching Certification Level | Date Received |
| Position: | | Level: | |
| Position: | | Level: | |
| Team Information | | | |
| Name(s) of Son/Daughter of Coach listed above | | Age Group to Coach | <input type="checkbox"/> Mixed <input type="checkbox"/> Girls <input type="checkbox"/> Boys |
| Requested Team Name | | ColorRequest* | ColorRequest*(Choice2) |
| *Team Color: NCYSA reserves the right to determine names and/or colors by any means they deem necessary. | | | |
| (If Head Coach) Request of Assistant Coach | | | |
| As a Head Coach, you may request one (1) assistant coach to be on your team. Please provide the name of that coach and their player(s) name (if applicable) below. (To cross reference with Assistant Coach Applications) | | | |
| Name of Assistant Coach (first and last please) | | Assistant Coach Son/Daughter Name (first and last please) | |
| (If Assistant Coach) Request of Coach | | | |
| As an Assistant Coach, you may request the coach you wish to work with. Please provide the name of that coach and their player(s) name below. (To cross reference with Coach Applications) | | | |
| Name of Coach (first and last please) | | Coach Son/Daughter Name (first and last please) | |
| Agreement and Consent | | | |
| It is important for our coaching members to serve as a positive role model for the youth in NCYSA. By signing this form, the applicant agrees to abide by all rules and regulations set forth by the Nelson County Recreation Department, the NCYSA, the Kentucky Youth Soccer Association (KYSA) and all of its affiliates. | | | |
| Not Valid without Signature: | | X | |
| | | Signature of Coaching Applicant | Date |