



**SNOQUALMIE VALLEY YOUTH SOCCER  
ASSOCIATION**  
**CASCADE FC HEAD COACH APPLICATION**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**Cell:**(\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Team Preference:** Gender (circle): M / F / no preference Birth year: \_\_\_\_\_

**Coaching Certificate/License Held:** (Please attach copy of license certificate) \_\_\_\_\_

**Referee Certification:** (Please attach copy of most current USSF Registration Form) Y/N

**Coaching Experience:** (Include number of years, sport, age, gender, competition level; use additional sheet if necessary) \_\_\_\_\_

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**Soccer Playing Experience:** \_\_\_\_\_

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**Refereeing Experience:** \_\_\_\_\_

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**Soccer Administrative Experience:** \_\_\_\_\_

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**Other Relevant Experience/Training:** \_\_\_\_\_

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**What would you bring to Cascade FC?** \_\_\_\_\_

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**Do you have a child trying out for this team? Yes / No**

If yes, child's gender: M/F Child's birth year: \_\_\_\_\_

Are you willing to coach if your child does not make the team? Yes / No

**Please attach at least 2 letters of recommendation from others (other than relatives) who can attest to your qualifications to coach youth soccer at the advanced competitive level.**

### **Authorization and Agreement**

In making this application and by my signature hereunder I affirm that the information provided is complete and correct and I authorize SnVYSA to contact my references and any organization where I have previously coached. If I am approved by the SnVYSA Board of Directors to be a Cascade FC Coach, I understand that I will be required to abide by the then current terms of any codes, rules and guidelines promulgated by Cascade FC for its coaches and those of SnVYSA and any organizations under which SnVYSA operates for the conduct of coaches. I understand that if I am selected I will be required to undergo a successful background check and meet any requirements stipulated by the SnVYSA Board of Directors before selection is final. I further understand that any failure on my part to abide by any codes, rules and/or guidelines may lead to my immediate dismissal as a coach.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

For Association Completion Only: Date Received \_\_\_\_\_ Received By \_\_\_\_\_

Board approval date \_\_\_\_\_

**Please fill out and email to the Cascade FC Administrator at [cascadefc@snvysa.org](mailto:cascadefc@snvysa.org). Include scanned copies of required documentation (listed above).**