



Select Coach Agreement

Name: _____ Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____ Division: U - B / G
Circle One

Do you hold a soccer license?: Yes / No Level and Date Earned: _____

Do you have plans to further your coaching education/licensing?: YES / No

Please Explain: _____

Years playing organized soccer: _____ Years Coaching Soccer: _____

Briefly describe your soccer experience: _____

What is your motivation for coaching a Select soccer team?: _____

In fulfilling my role as a Select Coach for Table Rock SC, I agree to meet the following expectations:

Initial

_____ Complete online background check

_____ Help facilitate the team forming process as outlined by Table Rock SC

_____ Maintain strong lines of communication with team parents and Table Rock SC Board

_____ Practice at designated field(s)

_____ Support Table Rocks SC's Mission Statement and focus on successful player development

CODE OF CONDUCT

1. Treat players, parents and opponents with respect.
2. Teach and inspire soccer players to love the game and desire to compete fairly.
3. Act as a positive role model.
4. Maintain control and discipline at all times.
5. Respect the judgment and interpretation of the rules by the officials.
6. Keep Game-Day records as instructed by Table Rock SC
7. Realize that s/he is a teacher-coach and therefore understands the game and proper soccer behavior at all times.

I understand that coaching Select soccer for Table Rock SC is a privilege. I have read and understand the responsibilities and expectations of this coaching position and I understand that my continuation as a coach will be based on my performance in meeting the above stated expectations, as well adhering and supporting the Bylaws and Guidelines of Table Rock SC.

Signature: _____ Date: _____