



**Torrington Youth Soccer**

P.O. Box 625  
Torrington, CT 06790

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## TORRINGTON YOUTH SOCCER COACHING APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

What team are you applying for? \_\_\_\_\_

Have you ever coached soccer before? Y/N-If yes, at what level?

Have you ever coached any other youth sports in Torrington? Y/N-If yes, what sport(s)?

Do you have a child/children who have played with a Torrington team previously or are you registering your own child/children for the first time? Y/N- 1st time.

Have you ever been convicted of a felony in the last 10 years? Y/N

The Torrington Youth soccer board requires two references to be a youth coach in our league. Please include name and phone number.

1.

2.

I understand that:

It is the intent of the Torrington Youth Soccer Club to deny certification to any person who has been convicted of a felony.

In applying to be a coach with our club, the information, which I have furnished, on this form is subject to verification, which may include a criminal background check.

Should you be convicted of a felony at any time while you are registered with Torrington Youth soccer, you have an obligation to contact the club president immediately.

Failure to sign this application may result in a board vote to deny you a coaching position with our club.

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

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