# Woodbridge Soccer Club

7401 Martin Grove Rd., Woodbridge, ON L4L 9E4
905-851-4496
www.wscstrikers.com

## HOUSE LEAGUE VOLUNTEER COACH APPLICATION FORM

### COACH INFORMATION

| | |
|---|---|
| **Last Name** | **First Name** |
| **Street Address** | **City** **Postal Code** |
| **Postal Code** | **Cell Phone** |
| **Email** | **DOB** **Gender** |
| **Season applying for**<br><br>**Indoor Season (year)**<br><br>**Outdoor Season (year)** | **What age division**<br><br>**Are you coaching your child?**<br><br>**Yes** **No** |
| **Child(ren) name** | **Year of Birth** |

### PREVIOUS COACHING EXPERINECE

| | |
|---|---|
| **Year and Club** | **Age Division** |

I have received and agreed to the role and position (as defined) and have accurately completed this application. I agree and abide by the Published Riles of The Ontario Soccer Association, my District Association, my League, and Club. I understand as a registrant of the Ontario Soccer Association, my District, and my Club that I receive information from time to time related to soccer events, programs, and services.