

## **SVDP FALL SOCCER COACHES REGISTRATION**

name of Parent(s)/Guardian(s) intereste	a in coach	ing:				_
Head Coach or Assistant (circle one):	Head	Assistant				
Please list all grade levels that you would (include the gender for 3-8 grades):	be willing	to coach if you have	multipl	e childro	en play	ing —
Preferred phone:  Preferred email address:		kt messages Y / N				_
Were you a head coach or assistant c				١o		_
•		•			V.	NI.
If yes, do you have a coaches' sh	irt from las	t year that you would	plan to	reuse?	Yes	No
If you do not have a shirt or need	additional	one, what size? S	M	L	XL	XXL
Have you been through Safe Environr	nent Prog	ram and registered	with the	e scho	ol? Ye	s No
Have you completed the Concussion	Certificati	on Requirement for	Coach	es? (Va	alid for 2	2yrs)
					Yes	No
Please note: All coaches, assistant coac of Peoria must complete a CDFS backgr online video program prior to any involve years. Coaches will also need to complet	ound checement in the	k (CANTS) and atten e program. A certifica	d the Sate of co	afe Envompletion	rironme on is go	ent
Code of Ethics and Sportsmanship						
It shall be the goal of the Peoria Parochic of soccer. It is the intent of this program while working to learn and Improve their and a Christian Attitude. Winning must n	to provide playing sk	participants with an oills in addition to pron	opportu	nity to e Good Sp	enjoy th oortsma	e sport anship
As a coach, I will strive to instill and pron Christian Attitude.	note in my	team the meaning of	Good S	3portsm	ıanship	and a
Coach Signature		Date				_