

# LAKE COUNTRY YOUTH SOCCER ASSOCIATION (LCYSA)

Phone: 766-0602 Email: [lcysa@shaw.ca](mailto:lcysa@shaw.ca) Website: [www.lcysa.com](http://www.lcysa.com)

## Coach Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_, BC Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

During each season LCYSA may purchase club apparel. We would like the following information on file in that event:

Size: Shirt \_\_\_\_\_ Jacket \_\_\_\_\_ Pants \_\_\_\_\_

Please circle the following choices and fill in the blanks:

I would like to: COACH ASSIST on this team \_\_\_\_\_

I would like to: COACH ASSIST a team of BOYS GIRLS born in \_\_\_\_\_

Please note that if there is a shortage of players at any age group you may be asked to help on an alternate team.

Please indicate ANY coaching courses you have completed and/or any coaching experience.

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Please indicate any SOCCER coaching courses you have completed and/or any soccer coaching experience.

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Please list any soccer experience you have, if any.

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Previous coaching/soccer experience may not be a requirement to secure a coaching/assistant position with a LCYSA team. We are committed to developing our new and experienced coaches by providing clinics, mentorship and support whenever we can. Thank you for your commitment to our soccer community.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this Registration Form to:

**LCYSA**  
P.O. Box 41009 R.P.O. South  
Lake Country, BC V4V 1Z7

or drop off to:

**UBR Services**  
#1 – 10058 Highway 97  
Winfield, B.C. V4V 1P8

\*All coaches/assistant coaches are required to have a current Criminal Record Check – NO EXCEPTIONS\*