

FCSA COACH/TRAINER APPLICATION



LAST NAME _____

FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

PHONE NUMBER (h) _____ (c) _____

EMAIL _____

What are you applying for? Coach _____ Trainer _____ Either _____

What age group(s) are you interested in working with?

Developmental academy (7-10) _____ Travel academy (9-12) _____

KYX (13-19) _____

Which do you prefer? Boys _____ girls _____ Either _____

COACHING LICENSE LEVEL (circle)

USSF A B C D E Youth modules

NSCAA Premier Advanced National National Advanced Regional Regional

Other - _____

Coaching and training requirements

Age	U5-U8	U9-U10	U11-U13	U14-U18
License	Youth Modules, E,F OR Prior Playing Experience	Youth Modules, E,F OR Prior Playing Experience OR National Youth License OR NSCAA Regional	National "D" License OR NSCAA Advanced Regional OR 3 years HS coaching OR 2 years Collegiate Experience	National "C" License OR NSCAA National OR 6 years HS coaching OR 4 years Collegiate Experience

Are you currently training or coaching at another club in Jacksonville?

NO _____ YES _____ Where _____

Coaches and trainers – please get the following information to the Director of Coaching who you are communicating with:

A - copy of resume including coaching and playing experience.

B - copies of licensing certificates are required

C – list of references

FAX to (904)223-3707 or

MAIL to FCSA 2850 Hodges Blvd, Jacksonville, FL 32224