



**SANTA CRUZ COUNTY BREAKER SOCCER CLUB
2009 - 2010 Season SCC Breakers Coaching Application
RETURNING COACH**

Complete and Return to: SCC Breakers, P.O.Box 1207, Santa Cruz, CA 95061
ATTN: Paolo Carbone, SCC Breakers Coaching Director

Name: _____

Team Coached Last Season (Name/Age/Gender): _____

Applying for 2009: Age Group: Under _____ **Gender:** Boys Girls

Position applying for 2009: Head Coach -Assistant Coach -Team Manager

Address: _____

Phone (Home): _____ **(Work):** _____

(Mobile): _____

Email:*required _____

Fax: _____

Coaching License: _____ (Attach Copy -**REQUIRED**)

Referee License: _____ (Attach Copy -**REQUIRED**)

First Aid Training: _____ (Attach Copy)

**Soccer and/or coaching related classes, clinics, workshops attended in last 12 mos:
Please supply 3 current references that would be willing to support your application
to coach:**

1. _____ Phone: _____

2. _____ Phone: _____

RISK MANAGEMENT - * REQUIRED**

Have you ever been convicted of or plead guilty to a felony, crime of violence or crime involving a child? _____ Have you ever been censured or banned by a team, club, league or other organization? _____ If you have answered "yes" to either of the two questions immediately above, please submit a written explanation and include references. Please note that by submitting this application you agree that your name may be submitted for a background check.

Signature: _____ **Date:** _____