

Spring Select/Tournament Team Coaching Request Form

This request form may be submitted to:

AYSO 177 Spring Coordinator, PO Box 15243, Long Beach, CA 90815

I, _____ would like to coach a spring team during the _____ Spring season in Division (circle one) U8, U10, U12 or U14 - (circle one) Boys or Girls.

I was Intermediate/Advanced Certified on _____ by _____, (instructor name)

I am currently a Fall Approved Coach in Region 177 and am coaching in Division _____.

Exception: If you have been approved to coach a spring team in a different Division than you coached during the Fall Soccer Season, you must wait until December 20 to approach players from other teams to play on the team. This will give priority to the all-star coaches and other coaches staying in their original division to complete their rosters. See the all-star guidelines as to priority of players. Note: If there are multiple coaches in a division, **we may need to have a draft to help balance the teams.**

I understand that:

- 1) A type written Spring Team Roster, the commitment form and budget is due to the Spring Coordinator listing all players, addresses, phone numbers, and parent's names
- 2) A final accounting of funds received and expended by my team is due to the Spring Coordinator by June 15th.
- 3) If I am continuing in summer tournaments with the same team, then a preliminary accounting is due June 15th, with a final report due 30 days after my final tournament.
- 4) I may not practice the Spring Team without verifying time and field availability with the Field Coordinator.
- 5) I must have each parent fill out and sign a **new** Emergency Form, which will be in my possession at all practices, scrimmages and games. (To be obtained from the registrar)

I have read the Region 177 Spring Select / Tournament Team Policy and fully understand the rules and requirements. In addition to the above statement, I have read and understand all AYSO Rules and Regulations, Region 177 Rules and Regulations, and AYSO spirit and philosophies and will abide by them. We have selected to play in 1) COMBINED AREA, 2) AREA K, 3) JUSA (LBYSO replacement Spring program) or 4) Other _____.

Signature: X _____ Date: _____

Email address: _____ Phone # _____
(coach or team representative)

Approved by: _____ Date: _____

Emergency Forms have been completed and reviewed by: _____

Team will be practicing at _____ field Time: _____ Day(s): _____