Oshawa Turul S.C.

Email Completed Forms: admin@oshawaturul.com

2025 Development/Competitive Coach Application

Applicant Name : _____ Gender (circle one) M / F
(First & Last)

Date of Birth _____/_____/_____ Ontario Soccer # _____
(YYYY/MM/DD) (if known)

Address:_____ Unit # :_____

City_____ Province: _____ Postal Code:_____

Contact Information:

Home Phone Contact:_____ Cell Phone Contact:_____
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

Email Address –*Print Clearly*

Addition Information Required:

Have you previously coached with OTSC (circle one): *Yes No *If so, specify: _____

Desired Role (circle one): Lead Coach Ass't Coach Other _____ Team Gender (circle): Male Female

Team Age Division/ Birth Year: _____ Specific Team if applicable:_____

Current Coach Certification: (circle each) Active Start FUNdamentals Learn To Train Soccer For Life C Lic.(Pre-B)

Ontario Soccer Grassroots Diploma Making Ethical Decisions Making Headway Concussion other: _____

NCCP #: _____

RiS Activity Leader Completed (circle one): Yes No * If yes: RiS AL Date: _____ (please provide certificate)

Current/Previous Experience : (circle one)

None Technical Training(only) House League All Star/Select Development / Competitive

Provide Brief Description of your Experience (use back if necessary):

_____

_____

Ontario Soccer, their Districts, Leagues, NASC and Oshawa Turul Soccer Club, its directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Applicant Signature: _____ Date: _____

* All applicants must provide current Police Vulnerable Sector Check and Completed Screening Documents to the Screening Committee; Potential team officials must undergo a screening interview and reference check by the OTSC Screening Committee before beginning any team assignment.

Internal Use Only: Approved / Denied Date: _____ Details : _____