



Competitive Soccer TRAINER APPLICATION

Name: _____

Address: _____

Cell Phone: _____ Other: _____

Certifications: YM ____ "E" ____ "D" ____ "B" ____ "A" ____
Other _____

Training/Coaching/Playing Experience:

References: Name: _____ Phone: _____
Name: _____ Phone: _____

Training Rates: (Fill in which age groups you are interested in)

U11/U12: Trainer Fee per player _____ which includes _____ hr(s) per training session.

U13/U14: Trainer Fee per player _____ which includes _____ hr(s) per training session.

U15/U19: Trainer Fee per player _____ which includes _____ hr(s) per training session.

Trainers will provide each interested team with a budget of trainings for the Fall and Spring Seasons. (example: 20 sessions for Fall and 20 for Spring). This needs to be provided to the Finance Manager of the team before the first team meeting so that the team is aware of its' financial obligation.



Terms of Payments:

To be negotiated in writing between team and trainer. If the coach and trainer are the same person, then he/she is required to negotiate with parents the terms of contract in writing. Any cancelled training sessions are to be reimbursed back to the team within 7-10 days of last training date.

Special Notes:

A list of approved trainers will be given to all Competitive coaches.

All trainers should be on time for practice, cell phones should be turned off or left in vehicles and players should have trainer's full attention. Trainers should also provide training equipment at all practices, like cones, pennies and balls.

Trainers should provide either written or by email a basic explanation of what is required of players as well as description of what will be worked on at training sessions. This should be done via email no later than the day before each training session. After a training contract is complete, the trainer is to give the coach a brief written evaluation of each player.

Coach/Trainer: _____ **Yes:** _____ **NO:** _____ (check one)

In the event that a team has enough players but cannot find a coach, would you be willing to coach and train that team?

Completed Forms can be Mailed to: ISA, PO Box 10241, New Iberia, LA 70562-0241
or
Email to: iberiasoccer@yahoo.com

ISA Board Use:

Date Received: _____

By: _____

Date Reviewed by Board: _____

Signed: _____

Comments: _____
