

Covington Parks & Recreation
16720 SE 271st St
Covington, WA 98042

APPLICATION FOR FALL YOUTH SPORTS COACH

Name of Applicant _____ Shirt Size _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

League you wish to coach:

Soccer: Toddlers [] Ages 3/4 [] Ages 5/6 [] Boys Ages 7/8 [] Girls Ages 7/8 []
Boys Ages 9/10 [] Girls Ages 9/10 [] Boys Ages 11/12 [] Girls Ages 11/12 []

Flag Football: Co-Ed Ages 7/8 [] Co-Ed Ages 9/10 [] Co-Ed Ages 11/12 []

Volleyball: Co-Ed Ages 7/8 [] Co-Ed Ages 9/10 []

Do you have a son/daughter playing in the age group you wish to coach? If so what is your child's name.

Do you have an assistant coach? If yes, list assistant coach's name and phone number. _____

Practices will be weekdays. Do you have a preference which day your team practices? _____

General Questions

Why do you want to volunteer to coach? _____

List three things that you would like your team to accomplish this season. _____

Do you have any experience coaching? _____

Are you familiar with how to teach the basic fundamentals of the sports? _____

This form must be returned to Covington City Hall no later than August 8 to be considered. We do not guarantee that you will receive your requests but we will work hard to make your season memorable.

