

**ANYONE WISHING TO BE A SOCCER COACH/ASSISTANT/Referee
FOR A SANTA CLARA P.A.L. PROGRAM
MAIL TO: SANTA CLARA P.A.L. 601 EL CAMINO REAL
SANTA CLARA, CA. 95050
FAX (408) 296-1346 www.santaclarapal.org**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Email: _____

Work Number _____ Cell Number: _____

Reason you would like to be a coach or assistant?

Team Name/Age Group or Division you would like to coach/assist :

Circle if you would like to be a Head Coach or Assistant Coach . Any experience? Explain.

Check which of the following mandatory Coaches' clinic you are able to attend:

____ @ SJ PAL TAB Bldg., 9a-12 noon, next to the San Jose PAL office in the stadium, 680 S. 34th St., San Jose 95116

____ @ SCU Leavey Ctr., 500 El Camino Real, Santa Clara, CA 95053 at 9a-12 noon

____ @ Zanker Elementary School, 9am-12 noon at 1585 Fallen Leaf Dr., Milpitas, CA 95035

Finger printed? If YES _____ when?: _____ No _____

Name your Assistant Coaches or Coach whom you are assisting if applicable.

Signature: _____ Date: _____

ADVISORY COMMITTEE USE ONLY

Programs

Name: _____

Approved: _____ Denied: _____

Comments: _____

Executive Director or Liaison Commissioner Signature: _____

Date: _____



COACHES

THESE GUIDELINES ARE DESIGNED TO:

- PROTECT P.A.L.
 - PROTECT THE KIDS
 - AND PROTECT YOU
 - REMEMBER THE WELFARE OF THE CHILDREN IS PARAMOUNT. YOUNG ATHLETES HAVE A RIGHT TO EXPECT APPROPRIATE MANAGEMENT, SUPPORT, PERSONAL AND SOCIAL DEVELOPMENT WITH REGARD TO THEIR INVOLVEMENT IN ALL LEVELS OF ATHLETICS.
- IF YOU SEE ANYTHING UNUSUAL OR FEEL THAT SOMETHING IS WRONG (WHETHER IT'S ANOTHER COACH, A PARENT OR ONE OF THE KIDS), REPORT IT.
- MAKE SURE YOU DO NOT TRANSPORT A CHILD IN YOUR CAR WITHOUT AN ADULT, OR AT LEAST ANOTHER CHILD, IN THE CAR WITH YOU. IN FACT, SHORT OF AN EMERGENCY, THERE IS NO REAL NEED TO TRANSPORT A CHILD IN YOUR PERSONAL VEHICLE.
- ALL INCIDENTS OF SUSPICIOUS POOR PRACTICE AND ALLEGATIONS OF ABUSE WILL BE TAKEN SERIOUSLY AND RESPONDED TO SWIFTLY AND APPROPRIATELY.

THE ABOVE INFORMATION WAS PRESENTED TO COACHES:

ON: _____
(DATE SIGNED)

MANAGER/ASST. COACH'S NAME PRINTED: _____

YOUR SIGNATURE: _____

NAME OF TEAM/DIVISION: _____

EXECUTIVE DIRECTOR
SANTA CLARA P.A.L.