



# Admin Helper



## Accommodations Travel Form

Name: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ at \_\_\_\_ AM \_\_\_\_ PM

Arrival Time: \_\_\_\_\_ at \_\_\_\_ AM \_\_\_\_ PM

### Accommodations Information

Hotel: \_\_\_\_\_ Confirmation # \_\_\_\_\_

Telephone: \_\_\_\_\_ Number of Rooms Requested: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_

Rate per night: \_\_\_\_\_ Room Number: \_\_\_\_\_

Special Requests: Non Smoking \_\_\_\_\_ Wake Up Call: \_\_\_\_\_ Meals: \_\_\_\_\_

Miscellaneous Comments: \_\_\_\_\_

### Directions to Hotel:

Hotel Web site address: www. \_\_\_\_\_

## Car Rental Form

Name: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ at \_\_\_\_ AM \_\_\_\_ PM

Arrival Time: \_\_\_\_\_ at \_\_\_\_ AM \_\_\_\_ PM

### Car Rental Information

Company: \_\_\_\_\_ Make of Car: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_

Rate per Day: \_\_\_\_\_ Unlimited Mileage: Yes \_\_\_\_ No \_\_\_\_

Special Requests: \_\_\_\_\_

Miscellaneous Comments: \_\_\_\_\_

**Directions to Car Rental Agency:**

Agency Web site address: www. \_\_\_\_\_

# Coaches Performance Evaluation

For Players and Parents

Coach Name: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_

Please fill out the following form to rank your coach on their effectiveness in the following areas.

	1-Poor	3-Good	5-Excellent	1	2	3	4	5
<b>Personal.</b> How was the coach's:								
1. Appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude towards players.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude towards parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Promptness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dependability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Enthusiasm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>The Sport.</b> How well did your coach:								
1. Know the sport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organize and prepare for practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Organize and prepare for games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Show proper leadership on and off the field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Communication.</b> How well did your coach:								
1. Communicate with the players?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicate with the parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communicate with other volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you return to this coach / team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you recommend this coach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

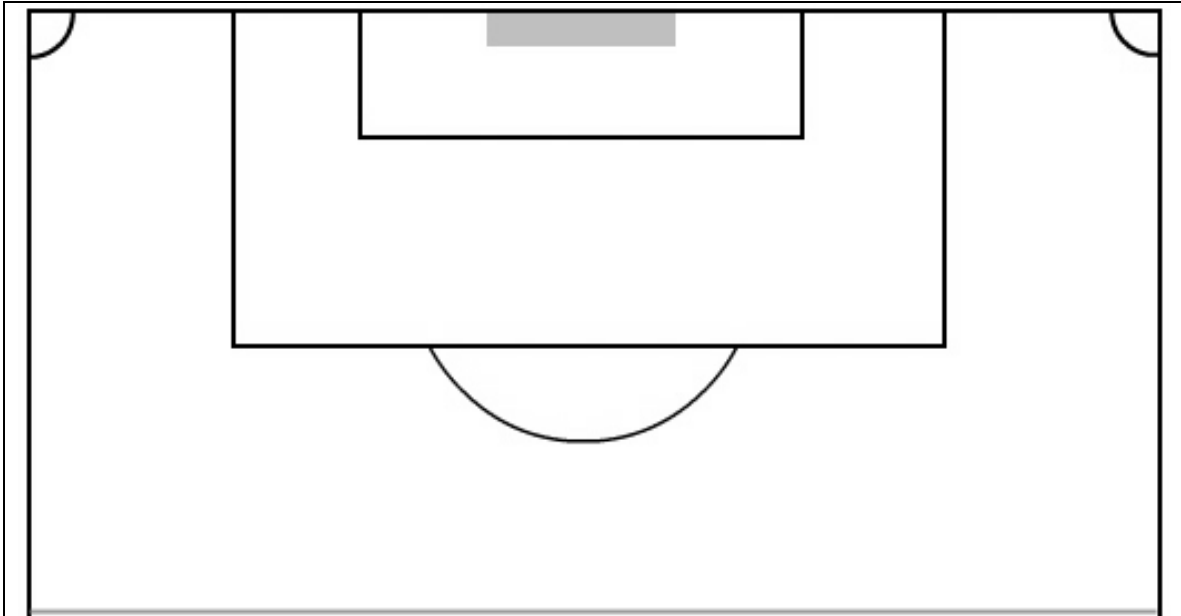
Comments:

---

# Defensive Corner Kicks

Team: \_\_\_\_\_ versus \_\_\_\_\_

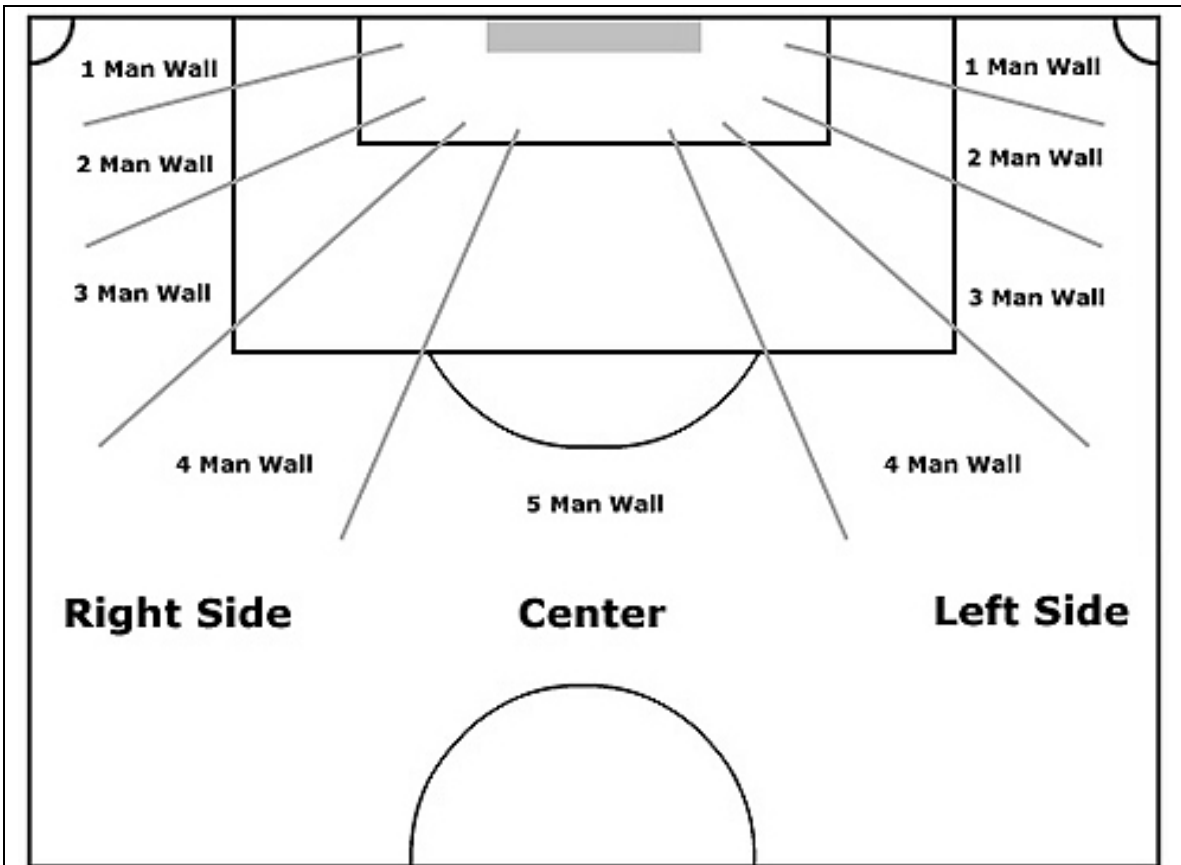
Date: \_\_\_\_\_



#	Player	Defensive Responsibilities
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

Notes:

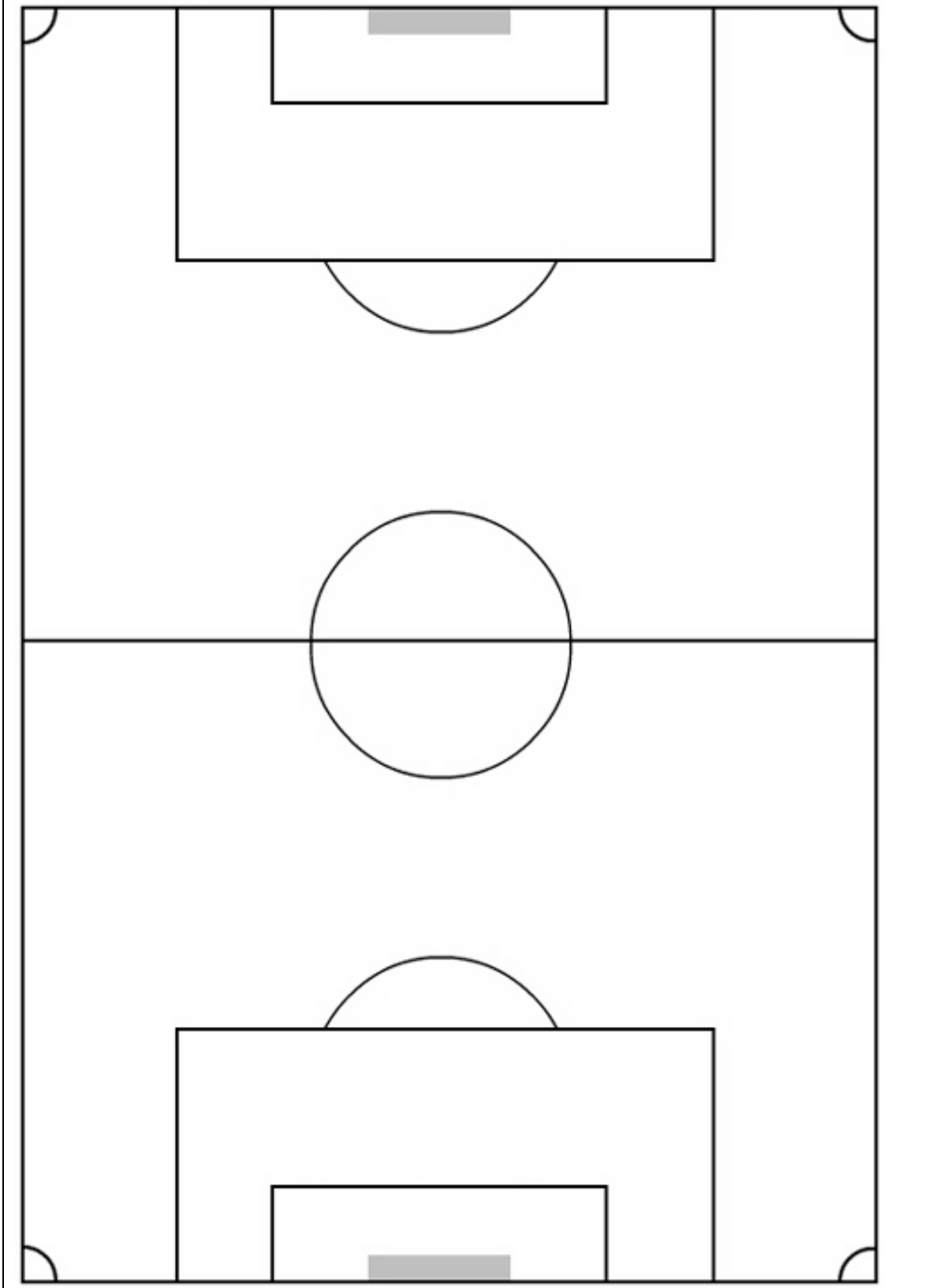
## Defensive Free Kicks



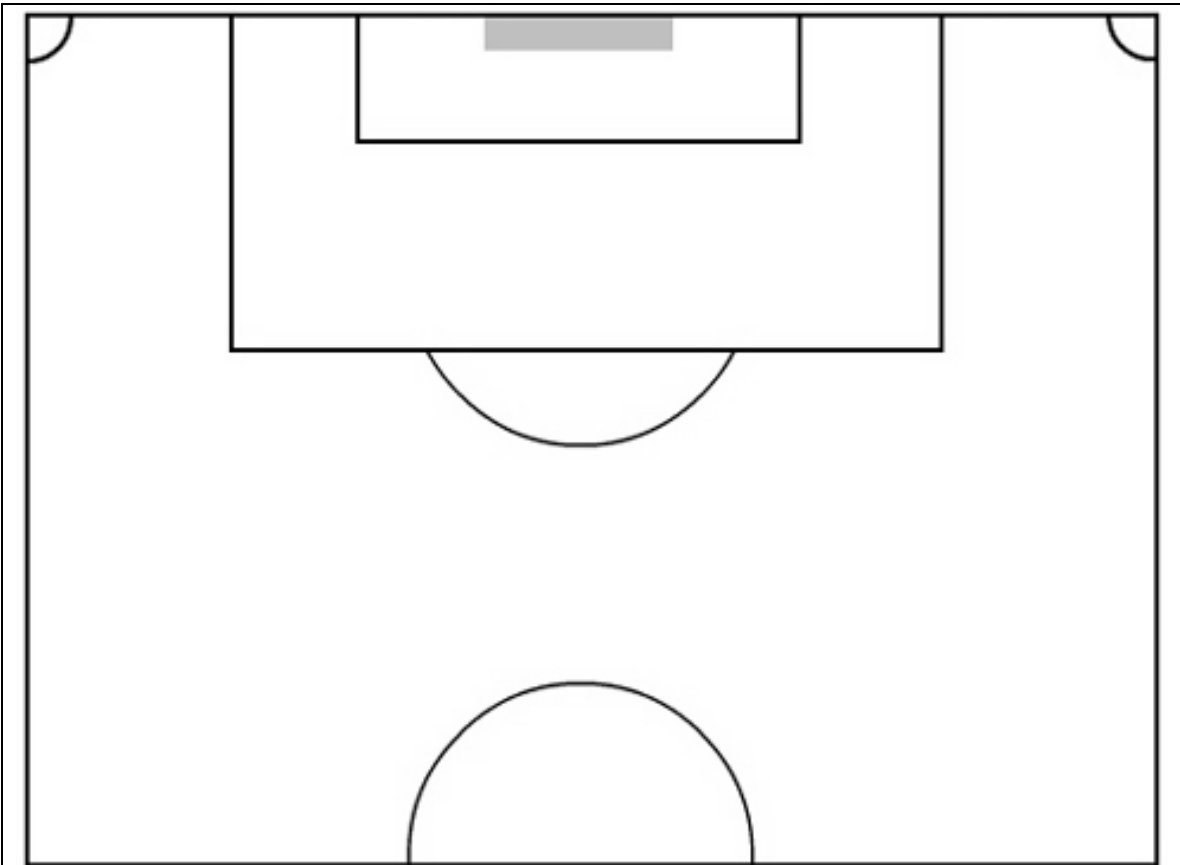
Defensive Wall Right Side		Defensive Wall Middle		Defensive Wall Left Side	
#	Player	#	Player	#	Player
1		1		1	
2		2		2	
3		3		3	
4		4		4	
		5			

**Notes:**

**Full Field Form**



## Half Field Form



**Notes:**





# Inventory Form

Team \_\_\_\_\_ Coach \_\_\_\_\_ Year \_\_\_\_\_

## Equipment

Item	Number Issued	Number Returned
Balls		
Ball Bag		
Nets		
Cones		
Training Vests		
First Aid Kit		
Clip Board		
Whistle		
Coaching Manuals		
Corner Flags		

## Uniforms

Items	Number Issued	Number Returned
Home Socks		
Away Socks		
Home Shorts		
Away Shorts		
Home Shirts		
Away Shirts		
Sweat Tops		
Sweat Bottoms		
Sin Guards		
Stadium Coats		
Travel Bags		

## Miscellaneous


# Medical Release Form

Players Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

## EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### In an emergency when parents cannot be reached, please contact:

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Injuries in the past 12 months \_\_\_\_\_

Player's Physician \_\_\_\_\_ Office No. (\_\_\_\_) \_\_\_\_\_

Medical and/or Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player**

(Parent's Printed Name) \_\_\_\_\_

(Parent's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_



# Monthly Planner

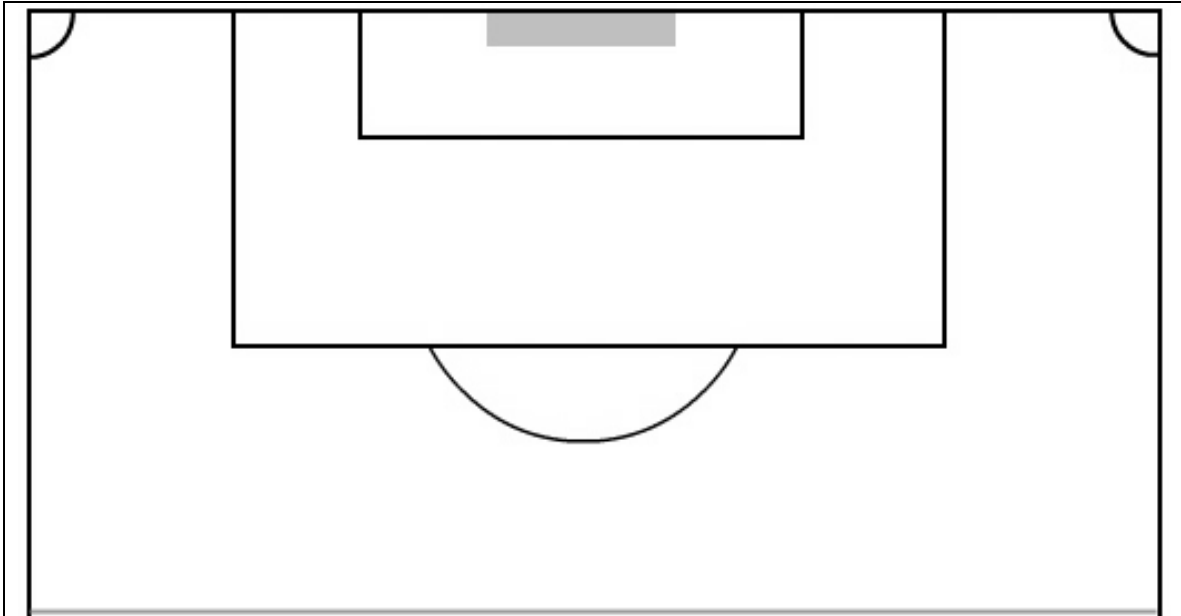
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**Notes:**

# Offensive Corner Kicks

Team: \_\_\_\_\_ versus \_\_\_\_\_

Date: \_\_\_\_\_



#	Player	Offensive Responsibilities
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

Notes:

TYPE YOUR TEAM NAME HERE

**The Season:**

1. My primary focus for the season will be .....  
We will strive to learn to .....  
We will focus a lot on.....
2. Please cheer for your child, but refrain from yelling at them. During games, please realize I will be 'instructing them, so please don't compete with me for their attention. Please be encouraging and cheer for both teams, but don't yell 'instructions'. That's my job. Thanks
3. Everybody plays a minimum of ..... The kids that play more are the ones that are at practice regularly, are in shape to do so and are attentive. I will begin analyzing each kid and placing them in appropriate positions where I feel they will have success. Every kid will play at least two positions during the season, however, during the first two weeks of practice I will practice them primarily in one position, introducing the skills of other positions as the season transpires.
4. Please don't yell at the referee's. Again, that's my job. They are often kids too. At this age, I am not as concerned with the outcome of the game as I am them learning the rules and having fun. **PUT ANY NEW RULES OR REFEREE ISSUES HERE!**
5. If you have a problem with me, another parent, the ref, anybody; please talk to me first. Otherwise, please contact **DIRECTORS NAME , TITLE** at **PHONE NUMBER**.
6. All players should have 'home-work'. **SOME THINGS TO PRACTICE GO HERE.**
7. It is very helpful at this age if you will repeat new words I teach them and reinforce the skills taught at practice. In other words, spend time with your player repeating the skills taught at every practice. Repetition is key to learning and fine tuning the skills they are taught!
8. Key Dates. First Games are **DATE**. Picture Day is **DATE** at **LOCATION**. Last Games are **DATE**. If you know you will miss a game or multiple practices, please mark it on the calendar attached to my clipboard or drop me an email. Thanks.

**Stuff To Know:**

We will have rainouts. Please DO NOT call the **ASSOCIATION NAME**. They cannot handle the volume of calls. They will call me as soon as the rainout occurs and let me know. Myself or an assistant will then call you.

Parking. IF THIS APPLIES TO YOU

Equipment. All players must have **LIST OF REQUIRED EQUIPMENT, WATER BOTTLES, BAGS, ETC..... Please bring your equipment to every practice.**

All games and practices are "Drug-Free" Zones. No smoking or chewing at games or practices.

There are no pets allowed on the grounds. Please leave them at home.

Please arrive 15 minutes early to all games to allow some warm-up time.

# Player Evaluation Form

Players Name: \_\_\_\_\_ Team: \_\_\_\_\_ Age: \_\_\_\_\_

Position: \_\_\_\_\_ (Ratings 1-Poor 2-Good 3-Excellent)

Technical	1	2	3
Passing			
Ball Control			
Turning with the Ball			
Running with the Ball			
Dribbling			
Defensive Heading			
Offensive Heading			
Shooting			
Defending			

Tactical	1	2	3
Penetration when Passing			
Chooses the correct technique on demand			
Overlapping Runs			
Recovery Runs			
Understands Offensive Duties			
Understands Defensive Duties			

Fitness	1	2	3
Speed			
Endurance			
Strength			
Flexibility			

Mental	1	2	3
Concentration during game			
Disciplined during the game			
Demonstrates Leadership Qualities			
Encourages Team Mates			
Respects Officials			
Shows Restraint after fouls			

# Practice Plan

Date: \_\_\_\_\_ location: \_\_\_\_\_ Time: \_\_\_\_\_

Goals: \_\_\_\_\_

**Warm Up** (5 minutes) Make the body ready for practice

Leader	Activity	Equipment

**Team Talk** (2 minutes) Let them know your expectations for practice

<b>Goals for Today</b>	
<b>Previous Skill Lesson</b>	
<b>New Skill Lesson</b>	

**Skill Development** (25 minutes) Games and Exercises to reinforce learning / fun.

Leader	Activity	Equipment

**Break** (3 to 5 minutes) Supply water and take the skill into the scrimmage.

<b>Reinforce Skill from Today:</b>	
------------------------------------	--

**Scrimmage** (20 minutes) Emphasize last weeks skill and new skill

<b>Previous Skill</b>	
<b>New Skill</b>	

**Team Talk** (5 minutes) Emphasize new skill and techniques from scrimmage

<b>Scrimmage Lesson 1</b>	
<b>Scrimmage Lesson 2</b>	
<b>Review Last Weeks Skill</b>	
<b>Review Homework</b>	



**Scheduling Form**

Team_____ Year_____				
Date	Opponent	Home/Away	Time	Field

**Notes:**

# Team Roster Form

Home Team \_\_\_\_\_ Versus \_\_\_\_\_ Date \_\_\_\_\_

Venue \_\_\_\_\_ kick Off Time \_\_\_\_\_

#	Players Name	Position
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

## Coaching Bench Personnel

Staff Name	Title



# Telephone Tree

Team: \_\_\_\_\_

Name (1) Telephone Number ( ) _____	
<b>Name (2)</b> Call 4 ( ) _____ Call 5 ( ) _____ Call 6 ( ) _____	<b>Name (3)</b> Call 7 ( ) _____ Call 8 ( ) _____ Call 9 ( ) _____
<b>Name (4)</b> Call 10 ( ) _____ Call 11 ( ) _____	<b>Name (5)</b> Call 13 ( ) _____ Call 14 ( ) _____
<b>Name (6)</b> Call 15 ( ) _____ Call 16 ( ) _____	<b>Name (7)</b> Call 17 ( ) _____ Call 18 ( ) _____
<b>Name (8)</b> Call 19 ( ) _____ Call 20 ( ) _____	<b>Name (9)</b> Call 21 ( ) _____ Call 22 ( ) _____

Comments:



## Weekly Planner

Monday		Tuesday	
8:00		8:00	
9:00		9:00	
10:00		10:00	
11:00		11:00	
12:00		12:00	
1:00		1:00	
2:00		2:00	
3:00		3:00	
4:00		4:00	
5:00		5:00	
6:00		6:00	
Wednesday		Thursday	
8:00		8:00	
9:00		9:00	
10:00		10:00	
11:00		11:00	
12:00		12:00	
1:00		1:00	
2:00		2:00	
3:00		3:00	
4:00		4:00	
5:00		5:00	
6:00		6:00	
Friday		Saturday	
8:00		8:00	
9:00		10:00	
10:00		12:00	
11:00		2:00	
12:00		4:00	
1:00			
2:00			
3:00			
4:00			
5:00			
6:00			
		Sunday	
		8:00	
		10:00	
		12:00	
		2:00	