COACHING SCHOOL REGISTRATION

Name (please print) _____ Male Female

Address _____ Birthdate _____

City _____State____ Zip _____ Email _____

Phone: Home ( ) _____ Work/Cell ( ) _____

Course Attending/Level _____ Location:_____

League Affiliation _____ Club Affiliation _____

Present License Level: E Where_____ Date_____

F Where_____Date_____

Youth Module Where_____Date_____

Present Coaching Level: Senior U-19 U-16 U-14 U-12 U-10 U-8 HS

Coaching Experience _____ # of years_____

_____# of years_____

Playing Experience _____# of years_____

_____# of years_____

COMPLETE THE INFORMATION BELOW AS IT PERTAINS TO YOUR SON OR DAUGHTER

League Affiliation_____Club Affiliation_____

Team Name_____Age Division_____

Being fully cognizant of the physical training requirements of the EPYSA Coaching School, I represent that I am physically able to participate and hereby hold the EPYSA, USYSA, and USSF, their coaching staff and each of their administrators, heirs and executors, successors and assigns harmless for any injury or medical problem that might befall me. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

_____ _____
Signature Date

In case of an emergency, contact_____ Phone ( ) _____

For Office Use Only

Passed Not Passed Amount Paid $ _____ Check No. _____

Comment: _____ Date Paid _____

Date: _____ Instructor _____