

COACH REGISTRATION FORM (LTPD)

Please print legibly

HEAD COACH ASSISTANT COACH

CLUB NAME _____ CLUB NUMBER _____

TEAM NAME _____ TEAM NUMBER _____

TEAM AGE & GENDER _____ LEAGUE & LEVEL _____

COACH NAME _____ BIRTH DATE _YY/MM/DD ___/___/___

ADDRESS _____ OSA NUMBER: _____

ADDRESS (cont'd) _____ POSTAL CODE: _____

e-mail address _____ PHONE: _____

COACHING CERTIFICATION:

ACTIVE START	<input type="checkbox"/>	FUNDAMENTALS	<input type="checkbox"/>
LEARN TO TRAIN	<input type="checkbox"/>	SOCCER FOR LIFE	<input type="checkbox"/>
MED	<input type="checkbox"/>	RIS	<input type="checkbox"/>

MED CERT# _____ RIS CERT# _____

SENIOR CERTIFICATE

NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. There are established rules for participation and proper conduct on or about the playing field, which must be followed. I agree to abide by the Constitution, By-laws, Rules and Regulations of the OSA, the Elgin Middlesex Soccer Association, my League and my Club.

Signature of Coach

Signature of Club Registrar

The signature of the Club Registrar indicates that the volunteer screening required for this coach has been completed and approved by the club, and that the coach has the required certification to coach the above team.

THIS FORM MUST BE COMPLETED FOR ALL COACHES. CERTIFICATES MUST ACCOMPANY THE FORM AND THE COACH BOOK IN ORDER TO HAVE THE CERTIFICATION VERIFIED BY THE DISTRICT COACH.

