

**INDOOR 2010-2011****COACH REGISTRATION FORM****HEAD COACH****ASSISTANT COACH****CLUB NAME:** \_\_\_\_\_**CLUB NUMBER: CD 15** \_\_\_\_\_**TEAM NAME:** \_\_\_\_\_**TEAM NUMBER: TD15** \_\_\_\_\_ - \_\_\_\_\_**TEAM LEAGUE:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

TEAM AGE \_\_\_\_\_

LEAGUE AGE DIVISION \_\_\_\_\_

**COACH NAME:** \_\_\_\_\_**Date of Birth** \_\_\_\_\_ YR/ \_\_\_ MM/ \_\_\_ DD

Address: \_\_\_\_\_

OSA #: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**New coaching books or certification updates require original certifications to be attached and verified by the District Coach****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  
Club Registrar: \_\_\_\_\_Signature  
of Coach: \_\_\_\_\_\*THE SIGNATURE OF THE CLUB REGISTRAR INDICATES THAT THE VOLUNTEER SCREENING REQUIRED FOR THIS COACH HAS BEEN COMPLETED AND APPROVED.AND THAT THE COACH HAS THE REQUIRED CERTIFICATION TO COACH THE ABOVE TEAM.**INDOOR 2010-2011****COACH REGISTRATION FORM****HEAD COACH****ASSISTANT COACH****CLUB NAME:** \_\_\_\_\_**CLUB NUMBER: CD 15** \_\_\_\_\_**TEAM NAME:** \_\_\_\_\_**TEAM NUMBER: TD15** \_\_\_\_\_ - \_\_\_\_\_**TEAM LEAGUE:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

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