



In cooperation between FC Southland and the Belton Park Department

FALL 2010



COACH MEMBERSHIP FORM

Coach/Team Name: _____ Age: _____

Group: _____

Child's Name: _____

Level of Play: _____ Competitive _____ Recreational Division: _____ Coed _____ Girl

Coach: _____ Head _____ Assistant

License Number: _____ License Level: _____

Kid Safe #: _____ (www.mysa.org)

New Coaches Must Submit a Copy of Your Coaches License with this form

Last name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Sex: _____ M _____ F

E-mail Address: _____

List any medical conditions or concerns of prospective coach:

Emergency Contact Person Name: _____ Relationship: _____

Phone (H): _____ Phone (W): _____

LIABILITY RELEASE (Coaches must sign when completing form on self.)

I, the parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I future grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program.

SIGNATURE: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY LEAGUE OFFICIAL

Coaches License on File? _____ Yes _____ No

LEAGUE FEE: \$ _____ RECEIVED BY: _____

MYSA FEE: \$ _____ DATE: _____

TOTAL: \$ _____ CHECK #: _____

For more information, contact Shane DeWald at 348.7400, ext. 7408 or FC Southland at 588.5031