



NOTE: EACH COACH AND CO-COACH NEEDS TO FILL OUT A SEPARATE FORM. (EVERY YEAR)

COACHING FORM

For insurance purposes, safety of our children and protection of your privacy, the risk management statement can only be completed on-line — you may go to our website for a direct link. **You CAN NOT coach until this is completed on or before March 31, 2010.**

COMPLETE AND MAIL TO
CANFIELD SOCCER CLUB
COACHING
PO BOX 73
CANFIELD, OH 44406

DATE	I WANT TO COACH: __RECREATIONAL __COMPETITIVE __BOTH	RISK MANAGEMENT CONFIRMATION NO.	YOUR BIRTH DATE
YOUR NAME FIRST MI LAST	HOME PHONE		
ADDRESS (CITY, STATE, ZIP)		CELL PHONE	
E-MAIL	NOTE: WE ARE USING THE SAME RED POLO SHIRT WE USED LAST YEAR FOR COACHING. PLEASE - ONLY CIRCLE YOUR SIZE IF YOU NEED A NEW SHIRT.		SHIRT SIZE (CIRCLE ONE) S M L XL 2X
AGE DIVISION TO COACH (CIRCLE ONE) RECREATIONAL: U6 CO-ED U7 CO-ED U10 BOYS U12 BOYS U15 CO-ED U8 CO-ED U10 GIRLS U12 GIRLS		COMPETITIVE: AGE GROUP _____	
DO YOU HAVE A SON/DAUGHTER THAT NEEDS TO BE ON YOUR TEAM? NAME _____			
WOULD LIKE TO COACH WITH: _____			

As an OYSAN/CSC registered coach, I hereby agree to follow and uphold all of the rules and regulations of the above named league, the Ohio Youth Soccer Association North and US Youth Soccer. I also understand that if I do not follow these rules and regulations, I will be subject to sanctions by my league or state association for my actions. In addition, I have signed and submitted the Risk Management (formerly Kidsafe Disclosure Statement) to the State Office. (This form can be completed online at www.oysan.org). I discharge and/or otherwise indemnify the organization/league/club for which I am registering to coach, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of myself as a result of my participation.

Above
 Person Signature: _____ Date: _____