USYS
GREATER LONGVIEW SOCCER ASSOCIATION
Coach Registration Form

This form and Risk Management form must be on file for all Coaches and Assistants

Last Name: _____First Name: _____ MI:_____

Street: _____

City: _____State: _____Zip: _____

Home Phone: _____Work: _____Cell: _____

Email Address: _____

Sex: _____ Birth Date: _____

Team Volunteer Position: Coach Assistant Coach Manager
$5 required

Coaching License Level: _____ Date Acquired: _____

Age Division: _____Boys or Girls _____

Team Name: _____ Season/Year: _____

IMPORTANT

I agree that I will abide by the rules of the USYS and its affiliated organizations and sponsors. Recognizing the possibility of physical injury with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge, and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the USYS parties the right to use the player's name, pictures, and/or likeness in print, broadcast, and other material concerning the programs, provided such use is related to the player's status as a participant in the programs.

Name: _____

Signature: _____Date: _____

OFFICE USE: Registration #: _____
Date of background check _____
Approved Under Review Rejected