

EASTAMPTON YOUTH SOCCER ASSOCIATION

COACHES REGISTRATION

Name: _____ SSN: _____ - _____ - _____

Date of Birth: _____ Telephone: Home (____) _____ - _____ Cell (____) _____ - _____

Email Address: _____

Head Coach: _____ Assist Coach: _____ Division: _____

Any Special Certifications, CPR, etc. _____

Any Soccer Licenses (please list): _____

R.U.T.G.E.R.S Safety Program is required of all coaches and will be offered. Dates will be post

Certified: Yes or No Course Cost: \$30.00

Valid Driver's License #: _____ State of Issue: _____

Have you even been convicted of a crime? YES or NO If yes, please explain: _____

As a condition of volunteering, I give my permission for EYSA to conduct a background check on me, which may include a review of sex offender registries, child abuse, and criminal history records. I understand that my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Eastampton Youth Soccer Association, the officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, EYSA is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term; I am subject to suspension by the President and removal by the Board of Directors for violation of EYSA policies or principles.

Applicant Signature: _____ Date: _____

LEAGUE USE ONLY

Assigned Team: _____

NOTE: Eastampton Youth Soccer Association will not discriminate against any person on the basis of creed, color, national origin, marital status, gender, sexual orientation, or disability.