

# COACH REGISTRATION FORM (LTPD)

Please print legibly

HEAD COACH  ASSISTANT COACH

CLUB NAME \_\_\_\_\_ CLUB NUMBER \_\_\_\_\_

TEAM NAME \_\_\_\_\_ TEAM NUMBER \_\_\_\_\_

TEAM AGE & GENDER \_\_\_\_\_ LEAGUE & LEVEL \_\_\_\_\_

COACH NAME \_\_\_\_\_ BIRTH DATE \_YY/MM/DD\_\_\_/\_\_\_/\_\_\_

ADDRESS \_\_\_\_\_ OSA NUMBER: \_\_\_\_\_

ADDRESS (cont'd) \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

e-mail address \_\_\_\_\_ PHONE: \_\_\_\_\_

## COACHING CERTIFICATION:

ACTIVE START  FUNDAMENTALS

LEARN TO TRAIN  SOCCER FOR LIFE

MED  RIS

MED CERT# \_\_\_\_\_ RIS CERT# \_\_\_\_\_

SENIOR CERTIFICATE

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**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 form 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.

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Signature of Coach

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Signature of Club Registrar

The signature of the Club Registrar indicates that the volunteer screening required for this coach has been completed and approved by the club, and that the coach has the required certification to coach the above team.

**THIS FORM MUST BE COMPLETED FOR ALL COACHES. CERTIFICATES MUST ACCOMPANY THE FORM AND THE COACH BOOK IN ORDER TO HAVE THE CERTIFICATION VERIFIED BY THE DISTRICT COACH.**