



Coaches Registration Form

Full Name			
Address:			
	City:	State:	Zip code:
Phone:			
Email:			
Date of Birth:			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Are you a returning coach?				
Name of organization requesting to coach for:				
Preferred Level and Division:	<input type="checkbox"/> Pee Wee's	<input type="checkbox"/> Midgets	<input type="checkbox"/> Juniors	<input type="checkbox"/> Seniors
<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant				

Emergency Contact

Name:	Cell number:
Name:	Cell Number

Registration

Please check Box when completed:	Date completed	Verified By	Deadline
<input type="checkbox"/> Background Check <input type="checkbox"/> Mandated Reporter			
<input type="checkbox"/> USA Football Training			
<input type="checkbox"/> Players' Safety Coach			
<input type="checkbox"/> 1st Aid/AED/CPR			

I am accepting the position in **NEGYFC** as a Coach, and hereby give my approval to participate in any and all **NEGYFC** activities, including meetings. I know that my participation in football may result in serious injuries to the children I will be supervising, and that protective equipment does not prevent all injuries to players, so I do hereby waive, release, absolve, indemnify, and agree to hold harmless **NEGYFC**, the organizers, sponsors, supervisors, participants and persons transporting, whether result of negligence or for any other cause. I/We understand that **NEGYFC** uses www.negyfc.org as its official online network. I hereby give my consent to **NEGYFC** for the collection and use of personal information(Name) and/or photographs on this website.

Signature: _____ Date: _____