

NOGSL
Coach/Volunteer Registration Form
Fall 2010 – Spring 2011

Club: _____

Team Name: _____ Age Group: U -

Coach/Volunteer Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () - _____ Cell Phone: () - _____

Email: _____

License Grade:

None	<input type="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>
C	<input type="checkbox"/>	D	<input type="checkbox"/>	E	<input type="checkbox"/>
U9/10	<input type="checkbox"/>	U11/12	<input type="checkbox"/>	U13/14	<input type="checkbox"/>

License Number: _____

Emergency Contact Information:

1. Name: _____

Home Phone: () - _____ Cell Phone: () - _____

2. Name: _____

Home Phone: () - _____ Cell Phone: () - _____

I, the undersigned, intend to participate as a coach/volunteer for the youth soccer club named above. I hereby discharge and/or otherwise indemnify this club, the NOGSL, 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.

Coach/Volunteer
Signature: _____ Date: _____