

**KANSAS STATE YOUTH SOCCER ASSOCIATION COACHING
COACHING COURSE REGISTRATION FORM**

Name: _____ Social Security #: _____ - _____ - _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip: _____

PRINT NAME AS IT SHOULD APPEAR ON CERTIFICATE:

Occupation: _____ Date of Birth: ____/____/____

Place of Employment: _____ Work Phone: (____) _____

Club Affiliation: _____ Present League: _____

No. of Teams Currently Coaching: _____ Age(s): _____ Rec: _____ Comp: _____

Playing Experience: _____

Coaching Experience: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

RELEASE OF LIABILITY:

Recognizing the physical training requirements of the KSYSA Coaching Education Program Courses, I represent that I am physically able to participate and hereby hold KSYSA, its clinicians, and each of its officers, directors and administrators harmless for any injury or medical problem that might occur while participating in these courses. I assume the risk of injury or medical problem, and I specifically release and waive any claim that might be made by me or my heirs upon the aforesaid.

SIGNATURE: _____ DATE ____/____/____

INDICATE LEVEL OF COURSE:

____ Modules 3 hours (\$45) ____ "E" Course 18 hours (\$75) ____ "D" Course 36 hours (\$125)

NON-KSYSA MEMBERS NEED TO ADD \$5 TO THE COURSE FEES LISTED ABOVE

OFFICE USE ONLY:
Course Level: _____ Course Location: _____ Dates Conducted _____
Clinicians: _____
Amount Paid: _____ Cash: _____ Check: _____ Other _____ Deposit _____ Amount Due _____
Pass: _____ Fail: _____ Incomplete _____ Comments: _____
