SYSL Coaches/Volunteer Registration Form
_____-_____ Seasonal Year

This is a form used to appoint coaches and others who have direct contact with players. All clubs, coaches, community clubs, or others who submit this form must either know the person, or conduct a reference check.

Date:_____
League Name:_____
Club Name:_____
Team Name:_____

Coaches Information:

Name:_____
Address:_____
City:_____State:_____Zip Code:_____
Home phone:_____Work phone:_____
Email:_____Cell phone:_____
License Grade: A B C D E U9/10 U11/12 U13/14 None License #:_____
Emergency contact name and number:_____
_____
Please list 2 non-related references: (name, address and phone number)
1._____
2._____

As an OYSAN registered coach, I hereby agree to follow and uphold all of the rules and regulations of the above named league, the Ohio Youth Soccer Association North and US Youth Soccer. I also understand that if I do not follow these rules and regulations, I will be subject to sanctions by my league or state association for my actions. In addition, I have signed and submitted the Risk Management (formerly KidSafe Disclosure Statement) to the State Office. (This form can be completed online at www.oysan.org). I discharge and /or otherwise indemnify the organization/league/club for which I am registering to coach, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilites utilized against any claim by or on behalf of myself as a result of my participation.

Above Person Signature:_____Date:_____

This form must accompany the team's registration with the league. All coaches who are currently participating in OYSAN activities of any kind must be properly registered every seasonal year with their team. Every team must register all coaches on each team.

Leagues with Multiple Community Teams:
I certify by submitting this form that either the person is known to the club/community, or that reference checks were done and revealed nothing detrimental to the coach. By submitting this form, we recommend the above person and request that the person be appointed by the above league for the seasonal year_____-_____.

_____ _____
Community Representative Date