



**2015-16 DANBURY YOUTH SOCCER CLUB  
COACHES & TRAINER REGISTRATION**  
Danbury Youth Soccer Club, Inc.  
Turn this form in with team registrations



**COACH'S & TRAINER INFORMATION – Fill out all information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male or Female      Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Previous Coaching Experience: \_\_\_\_\_

(Attach resume if needed)

Coaching Certifications: \_\_\_\_\_

**Premier or Travel Teams –**

Select age you desire to coach – if multiple candidates apply for same age, a coaching committee will make final decision – attach resume.

Male or Female     Age       Shirt/Jacket size   

Medical Problems: \_\_\_\_\_

**RULES & REGS, INDEMNIFICATION, RELEASE AND CONSENT FOR MEDICAL TREATMENT**

I agree that I will abide by the rules of the Danbury Youth Soccer Club, SW District, CJSA, USYSO and its sponsors, which include:

- I have read and understand the CJSA zero-tolerance policy regarding referee abuse.      Initial \_\_\_\_\_
- I will keep my KidSafe documentation up-to-date and grant permission for a background check, by filling out the form on CJSA.org      Initial \_\_\_\_\_
- I understand and will abide by the rules prohibiting premier player recruiting      Initial \_\_\_\_\_

I, the DYSC Coach/Trainer, agree that I will abide by the rules of the Danbury Youth Soccer Club and associated organizations. Recognizing the possibility of physical injury associated with soccer and in consideration for the Danbury Youth Soccer Club, I am accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Danbury Youth Soccer Club, SW District, CJSA, USYSO and all approved tournaments, and their sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Emergency Medical Technician or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being.

X \_\_\_\_\_ Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Coach/Trainer

Person to notify in emergency: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Relationship      Telephone Number

*DYSC Coaches receive 10% discounts on purchases at Soccer & Rugby*

**Official Use Only**

Received by:					Donation		
Date:					Sponsorship		