



Coach Registration Form

This form must be completed each seasonal year for all coaches and assistant coaches and submitted to the designated person in the local association.

Coach's Name		Driver's License Number	Birthdate
Address		Email Address	
		Coach's Pass Number	Seasonal Year
Home Phone	Work Phone	KYSA Club Affiliation	
		EYSA	

USSF License Currently Held	Date Received	Other License (describe)	Date Received

Age Group(s) Currently Coaching	Type of Team				
	Club	High Sch	College	Indoor	Other

Do You Coach: (check all that apply)	Boys	Girls	Competitive	Recreational

1 Background in work with youth: _____
 Position _____ Years _____

2 Experience in Adult Soccer: _____
 Position _____ Years _____

3 Experience in Youth Soccer _____
 Position _____ Years _____

 Signature Printed Name Date

Additional Notes:

