



NTSC 2010 Spring Season Coaches
Registration

NTSC Soccer Board of Directors meetings are held the 2nd Tuesday of every month at 7 p.m. at the building at Recreation Acres. **All parents, coaches and others are encouraged to attend.**

www.ntsoccerclub.com

Coach Information	Driver's License Name Only _____ Nickname _____																	
	Mailing Address _____																	
	Home Phone _____	Cell Phone _____																
	Date of Birth _____	Email Address _____																
	Age Group To Coach U6 U8 U10 U12 U15	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center;">Shirt Size</td> <td colspan="4" style="text-align: center;">Youth Sizes</td> <td colspan="4" style="text-align: center;">Adult Sizes</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">M</td> <td style="text-align: center;">L</td> <td style="text-align: center;">XL</td> <td style="text-align: center;">S</td> <td style="text-align: center;">M</td> <td style="text-align: center;">L</td> <td style="text-align: center;">XL</td> </tr> </table>	Shirt Size	Youth Sizes				Adult Sizes				S	M	L	XL	S	M	L
Shirt Size	Youth Sizes				Adult Sizes													
	S	M	L	XL	S	M	L	XL										
Level of Play Rec. Challenge Classic	<input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach																	
Licenses Held _____																		
Release	I agree that I will abide by the rules of Northern Triad Soccer Club , its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA and NCYSA, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and 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.																	
	Print Name _____																	
	Signature _____	Date _____																
Risk Management	As a Coach I understand that I must pass a risk management assessment prior to being approved as a coach or assistant coach in any age group.																	
	This assessment is done by NC Youth Soccer Association Signature of Coach _____ X _____																	
Club Use Only	Risk Management Passed Date _____																	
	BOD Signature _____																	
	BOD Approved Date: _____																	
	Age Group _____	Team _____																