

GLANBROOK YOUTH SOCCER CLUB
(WEBSITE REGISTRATION)
PO BOX 95 BINBROOK ON L0R 1C0 905-692-3977
gysc@mountaincable.net

2010 COACHES REGISTRATION

Print Legibly For Proper Processing

First Name Last Name: Phone:

Address: City: Postal Code:.....

Date of Birth: Year.....Month.....Day.....

E-mail (Required).....

Community Coaching Certification Level:

Previous coaching experience:

I would like to coach age group:

3/4..... 5/6..... 7/8..... 9/10..... 11/12..... 13/14.....

U16 Boys..... U16 Girls..... U18 Boys..... U18 Girls..... U23 Men..... Womens.....

**PREFERENCE WILL BE GIVEN TO THOSE COACHES WHO HAVE COMPLETED
COMMUNITY COACHING LEVEL 1 OR HAVE ATTENDED CLUB CLINICS.
ASSIGNMENT WILL BE AT THE DISCRETION OF GYSC**

Note: All coaches are responsible for payment of all fines and associated costs arising from any disciplinary action by either The Club, any League, District Association or The Ontario Soccer Association

I, the undersigned, hereby release any and all members of the GLANBROOK YOUTH SOCCER CLUB Inc from any and all damages or injuries incurred while coaching games and practices.

Date:Signature: