



Coaching Course Registration Form

Course Registering For: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone #: _____

Work or Cell #: _____ (specify)

Fax #: _____

Coaching Licenses/Certificates Held (please list):

Have you submitted a HYSA Volunteer Disclosure (Risk Management Form) within the last 2 years? Yes _____ No _____ If No, please download the form from the HYSA website and submit with this form.

T-Shirt Size: _____

IMPORTANT

I, the undersigned, understand that I am expected to participate in physical activities associated with this coaching course, and agree to release and indemnify U.S. Youth Soccer, the Hawaii Youth Soccer Association, the coaching staff and the owner/operators of the facilities used in these programs, and any agent of the aforementioned, of any and all claims, liabilities and damages, including injury or death.

Signed: _____ Date: _____

Mail to:
Hawaii Youth Soccer Association, Attn: Coaching Education, P.O. Box 31286, Honolulu, HI 96820
Or fax to: 808-678-2020