

**EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION
HAMPDEN–MIDDLESEX–MONROE–SILVER SPRING TWP. YOUTH SOCCER ASSOCIATION
 COACH REGISTRATION FORM – FALL 2010 / SPRING 2011**

ALL Coaches must also complete the EPYSA 2010-11 "Step 2 Risk Management Application" online at www.epysa.org; click on Registration & Database access and scroll down.

CHECK PLAY LEVEL:

- TRAVEL or EAGLE FC
- INTRAMURAL
- TOPS

CHECK POSITION:

- HEAD COACH
- ASSISTANT COACH

TEAM AGE AND GENDER:

AGE GROUP: _____

BOYS or GIRLS

HMMS ID #: _____

SS# - REQUIRED FOR BACKGROUND CHECK _____

LAST NAME _____

FIRST NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

HOME PHONE _____

BIRTH DATE (MM/DD/YY) _____

SEX _____


CELL PHONE _____

TOWNSHIP _____

E-MAIL ADDRESS: _____

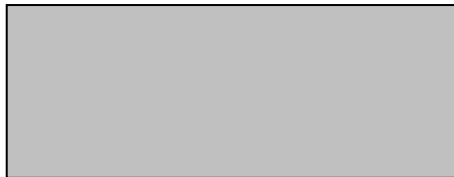
COACHING LICENSE: _____

***Photo Only Needed
for Travel/EFC Coaches***



*** STAPLE ***
 A SMALL PHOTO
WITHIN
 THIS BOX

COACH SIGNATURE LABEL



HMMS USE ONLY

EPYSA RM ONLINE _____

TEAM ID # _____

COACH _____

ASST. COACH _____

RELEASE STATEMENT

NOTE: THIS STATEMENT SHOULD BE SIGNED BY PARENT/GUARDIAN FOR MINOR PLAYER; BY AN ADULT PLAYER FOR HIM/HERSELF I, the parent/guardian of the Registrant, a minor or adult Registrant of legal age, agree that the Registrant and I will abide by the rules of the EPYSA and HMMS, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA and HMMS accepting the Registrant for their soccer programs, activities, and tournaments (the "Programs"), I hereby release, discharge and/or otherwise indemnify the EPYSA and HMMS, their affiliated organizations, sponsors, employees, officers, directors, and personnel, including owners of the fields and facilities utilized for the Programs and the drivers who provide transportation for the Programs, against any claim by or on behalf of the Registrant or brought by any third party as a result of injury to 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 further certify my son/daughter has my permission to participate in the Programs and that he/she is covered by personal health/accident insurance. Additionally, I hereby give permission for any and all medical attention necessary to be administered to the Registrant in the event of an accident, injury, sickness, etc., under the direction of the Registrant's coach or assistant coach, until such time as I may be contacted. I hereby release, discharge and otherwise indemnify EPYSA and HMMS, their employees, officers, directors, and associated personnel, for any medical attention or treatment provided to the Registrant by them, any claim against them for reasonable medical treatments which they have authorized, and any claim against them for the failure to provide medical care. I also hereby assume the responsibility for the payment of all such medical treatment.

COACH SIGNATURE: _____

DATE: _____

**ALL CURRENT AND POTENTIAL
HMMS COACHES AND ASSISTANT COACHES**

As an HMMS Coach or Assistant Coach volunteer I will have many contacts with youths. I understand that HMMS Youth Soccer Association will be conducting a criminal background check and a child abuse history check through the Pennsylvania State Police and the Department of Public Welfare.

I hereby authorize HMMS Youth Soccer Association to make a criminal background check and a child abuse history check.

DATE _____

SIGNATURE _____