

POSITION: TEAM HEAD COACH	ASSISTANT COACH	MANAGER
Name: _____	Date of Birth: ____YR/ __MM/ __DD	
Address: _____	OSA #: _____	
City/Town: _____	Postal Code: _____	
Phone: _____	E-mail: _____	
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TEAM DETAILS:	Year: 2010	Season: Outdoor REC / COMP
Club Name: _____	Club Number: CD - <u>15</u> - _____	
Team Name: _____	Team Number: 15 - ____ - ____ (from club)	
Age Division: ____ M/F	League Name: _____	League Division L ____ Div _____
Community Course Certification Level: Childrens*(I) Youth*(II) Senior*(Community Coach)		
BLUE TEAM STAFF BOOK _____		
New coaching books or certification updates require original certifications to be attached and verified by the District Coach		
NCCP*: _____	Other: _____	
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NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. There are established rules for participation; and proper conduct on or about the playing field which must be followed. I agree to abide by the Constitution, by-laws, rules and regulations of the OSA, the Elgin-Middlesex Soccer Association, my League and my Club.		
Signature of Club Registrar: _____	Signature of Coach: _____	
<small>*THE SIGNATURE OF THE CLUB REGISTRAR INDICATES THAT THE VOLUNTEER SCREENING REQUIRED FOR THIS COACH HAS BEEN COMPLETED</small>		

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City/Town: _____	Postal Code: _____	
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