

2010 COACHES REGISTRATION FORM

COACHING EXPERIENCE:

of years coaching with Springwater Soccer: _____

Do you have a current Police Record Check: YES____ NO____
(required to be updated every 3 years)

If you do not have a Police Record Check, please complete the forms provided and attach to this form.

Name: _____

Address: _____ City: _____

Phone: _____ Postal Code: _____

Age Group of team you would like to coach: _____

Child's Name: _____ Male ___ Female ___

Are you interested in attending an OSA Coaches Clinic? Yes No

Interest in attending an in-house Coaches Information Clinic? Yes No

Shirt Size: S M L XL XXL