



Michigan State Youth Soccer Association

# OFFICIAL MSYSA FORM



THIS FORM MUST BE PRINTED OR TYPED AND RETURNED WITH PAYMENT TO THE MSYSA STATE OFFICE - 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

## COACHING CLINIC REGISTRATION

CASH WILL NOT BE ACCEPTED. CHECKS MUST BE MADE PAYABLE TO MSYSA.

All candidates attempting to take the D License Course must have an E license or E Waiver.

Coaching Course: Level ( ) E ( ) D Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Registrant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

League/Organization With Which You Coach: \_\_\_\_\_

Is the League/Organization affiliated with MSYSA? ( ) YES ( ) NO ( ) DON'T KNOW

Age Group You Coach (i.e.: U12): \_\_\_\_\_ Risk Management Number: \_\_\_\_\_

Level You Coach:

( ) RECREATIONAL ( ) SELECT ( ) PREMIER

Highest Level Coaching License You Hold:

( ) YOUTH ( ) E ( ) D ( ) C ( ) B ( ) A

Which Organization Issued Your Current License:

( ) US SOCCER ( ) MSYSA ( ) NSCAA ( ) OTHER

### \*For non-members of MSYSA.\*

MSYSA coaching schools are open only to members of MSYSA.

If your organization is **not** affiliated, you **must** join MSYSA as an Associate Coach by submitting a \$30.00 registration fee and a Risk Management form. Membership benefits such as insurance for an Associate Coach are in effect only when coaching in activities with an affiliated organization. The registration fee of \$30.00 is in addition to the registration fee for the coaching course.

I understand that MSYSA coaching schools are for member coaches of MSYSA, and that I must join in order to participate. I also understand that my participation in the course is voluntary and that I must be willing and able to demonstrate and physically participate in many of the course activities. To the best of my knowledge I am physically capable of participating in the sport of soccer. I hereby release and indemnify any member of MSYSA Coaching School staff, the owner and/or operator of the facility or facilities, the Board of Directors of the MSYSA, employees, volunteers or agents of MSYSA or from any organization assisting in this course from any liability due to my participation in this coaching course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only:

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_