

VIRGINIA METRO-DC COACHING EDUCATION PROGRAM

COURSE REGISTRATION FORM

COURSE DATE _____ MALE__ FEMALE__

COURSE D E F U6-U8 F U10-U12 COURSE LOCATION _____

please circle one

Please note: Those taking the D Course MUST SUBMIT A COPY of their E certificate or a signed waiver with this form

(Fill in all information. Please type or print clearly.)

NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE (_____) _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____

LEAGUE/CLUB AFFILIATION _____

OCCUPATION _____

PLAYING EXPERIENCE _____ COACHING EXPERIENCE _____

METHOD OF PAYMENT:

_____ CHECK/MONEY ORDER _____ CASH

PLEASE NOTE: JCP credits are no longer available to pay for coaching courses. A check or money order must be paid upon registration to the course.

Being fully cognizant of the physical requirements of the Virginia Metro-DC Coaching Education Program, I am physically able to participate and hold the VCE, VYSA US Youth Soccer, and USSF, their coaching staff and each of their administrators, heirs, executors, successors, and assignors harmless for any injury or medical problem that might happen to me. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon aforesaid.

SIGNATURE

In case of emergency, contact _____ phone _____

Note: The VYSA Accident Medical and Liability Insurance does not cover candidates participating in VCE activities.

_____ PASSED _____ FAILED

INSTRUCTOR'S NAME _____

INSTRUCTOR'S SIGNATURE _____