



CAMBRIDGE YOUTH SOCCER

Coach's Application and Volunteer Registration Form

Please complete both sides of this form and mail to:
CYS Registrar, PO Box 390215, Cambridge, MA 02139-0003

Last name: _____ First name: _____ MI: _____ Sex: F M

Street address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Email: _____

Occupation: _____ Emergency contact: _____ Phone: _____

Physician: _____ Address: _____ Phone: _____

Medical insurance company: _____ ID #: _____

Date of birth: ____ / ____ / ____ (MYSA now conducts a CORI check on all CYS volunteers.)

I am applying for the position of: Coach Asst. Coach Team Manager Age Group _____
 Referee Age Group Coordinator for _____ Other _____

The following section is for coach and assistant coach applicants only:

I would like to help in the following age group (Not applicable to referees):

In-Town: Age Group _____ Boys Girls _____

Travel (BAYS): Age Group _____ Boys Girls Division: _____ 2nd choice: _____

Practice day(s) preference: 1st choice: _____ 2nd choice: _____ Location: _____
CYS cannot guarantee that we can meet your preferences, but we will do our best to accommodate all volunteers.

Would you consider coaching a different age group or division? Yes No _____

COACHING LICENSE(S) and date taken: _____

Please include copy of license (s).

COACHING EXPERIENCE: (Include age level and number of seasons)

COACHING EDUCATION: Workshops, seminars, courses taken in addition to license courses:

PLEASE COMPLETE OTHER SIDE OF THIS FORM!

CYS will reimburse the entire course fee to any active coach who satisfactorily completes a license course. Courses range from a 4-hour G license to a 40-hour D license course. Reimbursement for national level licenses beyond D requires a special application.

Are you interested in taking a license course? _____ Which level? _____

OTHER PERTINENT INFORMATION: Coaching philosophy, playing experience or anything that you wish to add: _____

I have a copy of the CYS Coach's manual Please send me a CYS Coach's manual

Coach & Assistant Coach Applicants Only:

BY SIGNING THIS FORM APPLICANT REPRESENTS THAT ALL OF THE INFORMATION PROVIDED HEREIN IS TRUE AND THAT HE OR SHE HAS READ CYS COACH'S GUIDELINES FOR SAFETY.

Print name: _____ Signature: _____

Date: _____ *Coach and Assistant Coach applicants must also sign the consent and release below.*

REFEREES: **In-Town** **Travel (BAYS)**

Referee License Level: _____ *Please attach copies of your current USSF certification and ID card*

Referee Experience: _____

ALL VOLUNTEERS MUST SIGN THE APPROPRIATE CONSENT AND RELEASE!

MINOR – A parent or legal guardian must complete this section for an applicant under the age of 18.

CONSENT FOR MEDICAL TREATMENT (MINOR):
As Parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

RELEASE:
I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of USYSA, MYSA, BAYS, CYS, affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, MYSA, BAYS, CYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, MYSA, BAYS, CYS, affiliated organizations and sponsors, their employees, volunteers and facilities utilized for the Programs, against any claim by or on the behalf of 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.

Participant name: _____
Parent name: _____
Parent signature: _____
Date: _____

ADULT – This section must be completed when an applicant has attained legal majority.

CONSENT FOR MEDICAL TREATMENT:
I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being.

RELEASE:
I agree that I will abide by the rules of USYSA, MYSA, BAYS, CYS, affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, MYSA, BAYS, CYS accepting my registration for the soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, MYSA, BAYS, CYS, affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on my behalf as a result of my participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____
Signature: _____
Date: _____