



# Coach's Application and Volunteer Registration Form

Please complete this form and e-mail to:  
info.durangosoccerleague@gmail.com

## COACH CONTACT INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: F M  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License# \_\_\_\_\_

## I AM APPLYING FOR THE POSITION OF

Coach  Coach Asst.  Board of Directors  Setting up Fields  Other \_\_\_\_\_

## TEAM DETAILS

I would like to help in the following age group: Please select one of the followings  
Boys  Girls  U4  U6  U8  U10  U12

## COACHING EXPERIENCE

Please explain any coaching experience for the last two years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any coaching education for the last two years (Workshops, seminars, courses taken in addition to license courses)  
\_\_\_\_\_  
\_\_\_\_\_

## 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: \_\_\_\_\_

**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 wellbeing 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 Durango Soccer League.  
Recognizing the possibility of physical injury associated with soccer and in consideration for Durango Soccer League accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Durango Soccer League, 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, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Durango Soccer League.  
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Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**\*ALL VOLUNTEERS MUST DO A BACKGROUND CHECK.**