



# COACH REGISTRATION FORM

Name \_\_\_\_\_ Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Neighborhood: Gulfport \_\_\_ Orange Grove \_\_\_ Long Beach \_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Position(s) Applied For: Head Coach \_\_\_ Assistant Coach \_\_\_ (If Assistant, Head Coach Name, if any) \_\_\_\_\_

Experience Working with Youth or Coaching Soccer: \_\_\_\_\_

Coach Certification Level: \_\_\_\_\_ MYSA ID#: \_\_\_\_\_

Name of child you would like to coach including: Age Group (U5, U6, U7, U8, U10, U12, U14, U16, U19), Gender (Boys/Girls for U7 and above), Relationship (son, daughter, grandson, granddaughter, niece, nephew, friend, etc.):

Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Gender: \_\_\_ (B/G) Relationship: \_\_\_\_\_

Please list the name, address and telephone number of two people who know you sufficiently to comment on your past coaching or your potential as a coach.

Coaching References: Name Address Telephone Number

1) \_\_\_\_\_

2) \_\_\_\_\_

Having made application with the South Mississippi Soccer Club (SMSC) for a volunteer coaching position, and desiring them to be informed of my past record and character, whether it be criminal record, driving record, or personal reference, I, the undersigned, hereby authorize the release of all such information, privileged or otherwise, to SMSC and Mississippi Youth Soccer Association (MYSA) and its representatives, and release all contributing parties of such information from any charge or liability whatsoever because of furnishing said information.

I understand that a criminal background check will be conducted. SMSC and MYSA policy is to disqualify applicants who have a criminal record for: 1) Conviction of any crime involving child abuse or sex offenses of any kind, 2) Conviction of a felony within the last five (5) years, and 3) Conviction of any crime involving illegal drugs within the last five (5) years. I understand that my eligibility to serve as a volunteer working with children will be determined based on this policy.

In addition, I agree to fill-out and sign a MYSA Kid Safe form prior to the start the first scheduled practice.

I hereby acknowledge having read and agree to follow the League Rules and Coaches' Code of Ethics.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print out, sign and date form and mail to Registrar, SMSC, P O Box 10080, Gulfport, MS 39505-0080