

Waterloo Institute of Soccer COACH REGISTRATION

Name _____ ID _____ Age _____

Address _____ Date of Birth _____

Phone _____ Cell _____ Fax _____ email _____

Earliest time to call _____ Latest time to call _____

Health Problem no yes _____

Check availability:

SATURDAY

SUNDAY

SAT & SUN

SAT or SUN

Coaching Certificates (if any) _____

Experience Level (circle all level of **experience**)

Girls: U 7 U 9 U 13 U 15 U 17 U 19 O 19

Boys: U 8 U 10 U 12 U 14 U 16 U 18 O 18

Circle the types of assignments you **want** to be **considered** for:

Boys Coach Girls Coach Both Level _____

Other Assignments: _____

Signature _____ Date _____

OFFICIAL USE Interviewed by: _____ Date _____

By signing this form I agree to the following terms:

I am physically and mentally fit to officiate soccer games

I am an Independent Contractor

I will conduct myself in accordance with the Ethics of Waterloo High School and comply with the Laws of the Game and

In accordance with WISP policy

**Return to Ramnarace Samuel Mail: Waterloo Secondary School, Waterloo Cell: (868)780-9403
cell: (868)678-3878 cell: (868)726-6192**