



New Jersey Youth Soccer
COACH MEMBERSHIP FORM
(Type or Print Legibly)

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** ____ **Zip:** _____ **Phone:** _____

Email Address: _____

League: MCYSA _____ **League #** 12 _____

Club: Rockaway Township Soccer Association _____ **Club #** 9224 _____

Team # _____ **Coach Pass #** NJ9 _____ **Coach License Level** _____

IMPORTANT

I will abide by the rules and regulations of the US Soccer, US Youth Soccer, New Jersey Youth Soccer its affiliated organizations and its sponsors. In consideration of the my participation in the soccer programs intending to be legally bound, hereby release and indemnify the US Soccer, US Youth Soccer, New Jersey Youth Soccer the owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the my participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the US Soccer, US Youth Soccer, New Jersey Youth Soccer and their sponsors the right to use my name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant of in the Programs.

I hereby certify that I am not being compensated for my services and I am a volunteer.

Name: _____ **Date:** _____
Print

Signature: _____