

# VIRGINIA METRO-DC COACHING EDUCATION PROGRAM

## COURSE REGISTRATION FORM

COURSE DATE \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

COURSE   D     E     F   U6-U8 F U8-U10 COURSE LOCATION \_\_\_\_\_  
*please circle one*

*(Fill in all information. Please Type or Print Clearly.)*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS  
\_\_\_\_\_

LEAGUE/CLUB AFFILIATION  
\_\_\_\_\_

OCCUPATION \_\_\_\_\_

PLAYING EXPERIENCE \_\_\_\_\_ COACHING EXPERIENCE \_\_\_\_\_

**METHOD OF PAYMENT:**

\_\_\_\_\_ CHECK/MONEY ORDER \_\_\_\_\_ CASH

PLEASE NOTE: There are no longer JCP credits available for fees to coaching courses. A check or money order must be paid upon registration to the course.

Being fully cognizant of the physical requirements of the Virginia Metro-DC Coaching Education Program, I am physically able to participate and hold the VCE, VYSA US Youth Soccer, and USSF, their coaching staff and each of their administrators, heirs, executors, successors, and assignors harmless for any injury or medical problem that might happen to me. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon aforesaid.

\_\_\_\_\_  
SIGNATURE

In case of emergency, contact \_\_\_\_\_ phone \_\_\_\_\_

**Note:** The VYSA Accident Medical and Liability Insurance does not cover candidates participating in VCE activities.

\_\_\_\_\_ PASSED \_\_\_\_\_ FAILED

\_\_\_\_\_  
INSTRUCTOR'S NAME

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE