



# New Jersey Youth Soccer VOLUNTEER COACH MEMBERSHIP FORM

(Please type or print legibly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) email: \_\_\_\_\_

League: MCYSA League #: 12

Club: Madison Soccer Club Club #: 9139

Coaching License Level: \_\_\_\_\_

## **IMPORTANT**

I will abide by the rules and regulations of U.S. Soccer, U.S. Youth Soccer, and New Jersey Youth Soccer, its affiliated organizations and its sponsors. In consideration of my participation in the soccer programs intending to be legally bound, hereby release and indemnify the U.S. Soccer, U.S. 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 my participation in the Programs including, without limitation, transportation to/from any Program, which transportation is hereby authorized. I further grant U.S. Soccer, U.S. 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 my status as a participant in the Programs.

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

Name: \_\_\_\_\_  
*Print name*

Signature: \_\_\_\_\_  
*Signature of Volunteer Coach*

Date: \_\_\_\_\_