

MICHIGAN YOUTH SOCCER LEAGUE
AFFILIATE U.S.Y.S.F./M.S.Y.S.A
Coach REGISTRATION FORM



Please print or type this form. Attach one(1) current passport size picture with the Coach's name written on the back of the picture.

Also include a self addresses, stamped envelope for returning directly to you.

DATE OF BIRTH: _____
Month Day Year

NAME OF Coach: _____
Last First Middle

ADDRESS _____

CITY _____ ZIP _____ Phone _____

I VOLUNTARILY DESIRE TO Coach SOCCER FOR THE CLUB NAME: **Grosse Pointe Soccer Association (GPSA)**

TEAM NAME _____

AGE GROUP _____

AFFILIATE OF THE MICHIGAN YOUTH SOCCER LEAGUE. I UNDERSTAND THAT SIGNING THIS FORM BINDS ME TO THE ABOVE NAMED TEAM FOR THE ENTIRE SEASONAL YEAR UNLESS AN APPLICATION FOR TRANSFER IS GRANTED BY THE ABOVE NAMED CLUB, THE MICHIGAN YOUTH SOCCER LEAGUE, OR THE MICHIGAN STATE YOUTH SOCCER ASSOCIATION UNDER CONDITIONS SET FORTH IN THE U.S.S.F. RULE 2103 SECTION a.,b.,c.,d., CAN BE MET

Coach Signature _____ Date _____
