



Coach Registration Form

This form must be completed each seasonal year for all coaches and assistant coaches and submitted to the designated person in the local association.
Please do not submit directly to the State Association

Coach's Name		Driver's License Number	Birthdate
Address		Email Address	
		Coach's Pass Number	Seasonal Year
Home Phone	Work Phone	KYSA Club Affiliation	

USSF License Currently Held	Date Received	Other License (describe)	Date Received

Age Group(s) Currently Coaching	Type of Team				
	Club	High Sch.	College	Indoor	Other

Do You Coach: (check all that apply)	Boys	Girls	Competitive	Recreational
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1. Background in work with youth: _____
 Position _____ Years _____

2. Experience in Adult Soccer: _____
 Position _____ Years _____

3. Experience in Youth Soccer _____
 Position _____ Years _____

Signature	Printed Name	Date
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Additional Notes: