

New Jersey Youth Soccer

COACH MEMBERSHIP FORM

(Type or Print Legibly)

First Name:	Last Name: _	
Address:		
City:	State: Zip: _	Phone:
Email Address:		
League:		League #
Club:		Club #
Team #	Coach Pass # NJC	Coach License Level
IMPORTANT		
its affiliated organization programs intending to be New Jersey Youth Soccarespective directors, of liabilities, damages or careform including, was transportation is hereby a Soccar and their sponso other material concerning of in the Programs. I hereby certify that I am	ons and its sponsors. In consideration to lead the legally bound, hereby release and independent the owners and operators of the factorizers, employees, agents and represent auses of action arising out of or in conswithout limitation, player's transport authorized. I further grant the US Soccours the right to use my name, picture at gethe Programs provided such use is related to the programs of the programs of the programs provided such use is related to the programs of the	Youth Soccer, New Jersey Youth Soccer of the my participation in the soccer emnify the US Soccer, US Youth Soccer, cilities used for the Programs and their entatives from and against all claims, nection with the my participation in the tation to/from any Program, which er, US Youth Soccer, New Jersey Youth and/or likeness in printed, broadcast and atted to the player's status as a participant and I am a volunteer.
	Print	
Signature:		