



FSA SOCCER Coach, Administrator and Referee Registration Form



COACH

ADMINISTRATOR

REFEREE

PLEASE PRINT ALL INFORMATION

2000-2001

Social Security Number: _____ Date of Birth: _____

Last Name _____ First Name _____ MI _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

E-Mail Address _____

I assume all risks and hazards incidental to participation in the Fairmount Soccer Association Programs including transportation to and from the activities and I do hereby waive and absolve the Fairmount Sports Association, and the Fairmount Soccer Association Board and their officers, teams, coaches, all other officials, sponsors, and supporters from any claims arising out of any injury except to the extent, and in the amount covered by available accident insurance. I agree to return upon request any equipment or other items issued.

I agree that I will abide by the Constitution and Bylaws, Rules and Regulations of the Fairmount Soccer Association (FSA), the rules of the Eastern Pennsylvania Youth Soccer Association (EPYSA), the United States Soccer Federation (USSF), its affiliated organizations and sponsors.

Current Licenses

Coaching License: _____ Referee License: _____

Signature _____ Date _____

For Office Use Only

Coach:

- Head Coach Assistant Coach
- Senior Intramural Division Intermediate Intramural Division Team: _____
- Traveling Team: _____

Referee:

- Senior Intramural Division Intermediate Intramural Division

Administrator:

- Administrator Position: _____