



NYSA



COACH/VOLUNTEER REGISTRATION FORM

AFFILIATED WITH MASSACHUSETTS YOUTH SOCCER ASSOCIATION (MYSA) AND UNITED STATES SOCCER
FEDERATION (USSF) AND FEDERATION INTERNATIONALE de FOOTBALL ASSOCIATION (FIFA)

VOLUNTEER INFORMATION

Last Name: _____ Middle Initial: _____

First Name: _____ Date of Birth: ___/___/___ Gender: ___(M/F)

Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Home Phone Number (____) ____ - _____

Alternate Phone Number:(____) ____ - _____

Position you wish to volunteer for: _____ (Coach, Assistant Coach,
Uniform Coordinator, Team Manager, Other)

If you wish to coach/assist, which age group are you interested in
coaching/assisting? _____ (Mighty Mites (Ages 4-5), Pee Wee Ages 6-7), U8, U10,
U12, U14, U16)

Please indicate if you wish to coach a girls or boys team. _____ (For U8 and above)

Are you currently a Coach/Assistant Coach with NYSA? _____ (Yes, No)

If yes, which age group/team did you coach/assist? _____

Do you currently hold a coaching license/certificate? (yes, no)

If yes, which level? _____

PLEASE NOTE: ALL NEW VOLUNTEERS (COACHES, ASSISTANTS, TEAM
MANAGERS, etc) MUST SUBMIT A CORI FORM TO THE MASSACHUSSETTS
YOUTH SOCCER ASSOCIATION.