Southbridge Youth Soccer Association

Coach/Volunteer Registration Form

ALL fields must be completed

Last Name:_____First (Full) Name:_____(No Nicknames)

Maiden Name (if applicable): _____

Date of Birth:_____Sex (circle one): M/F

Current Address: _____

Home Phone:_____Cell Phone: _____

Email: _____

SYSA's Objectives: To teach the fundamentals of soccer, To provide quality adult leadership, To emphasize sportsmanship and teamwork, To promote the development of the individual over the need to win, To play each player in the game, To have fun.

❒ I, the above registrant, agree that I will abide by the rules of Southbridge Youth Soccer, Mass Youth Soccer, US Youth Soccer, and their affiliates.

Signature:_____Date: _____

SYSA Use Only:

Received: _____

Photo ID: _____

CORI status: _____

Board Approval Status: _____

Mail Form to:
Southbridge Youth Soccer Assn.
P.O. Box 276
Southbridge, MA 01550
Website: www.southbridgesoccer.org

NOTE: All SYSA coaches/volunteers must provide a photo ID (e.g. license); each travel coach must also provide a head shot photo for their pass card.

SYSA reserves the right to decline assistance from any person, at any time, for any reason including anyone who does not follow SYSA and/or Mass Youth Soccer CORI procedures.

Revised 8/15/2019