



LYSL Volunteer Registration Form

**Visit LYSL on
Newslines 472-2111,
enter 2668 for LYSL.**

REGISTRATION INSTRUCTIONS

1. A league volunteer (e.g. Officer, Coach, etc.) must complete this form and sign the *COACH'S AGREEMENT* and *LIABILITY RELEASE*.
2. A league volunteer (e.g. Officer, Coach, etc.) must complete and sign a Volunteer Disclosure Agreement.
3. This form and the Volunteer Disclosure Agreement may be submitted to the LYSL Registration Director or mailed to **LYSL, P.O. Box 2456, Liverpool, NY 13089-2456**.

VOLUNTEER'S INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Birth Date (mm/dd/yy): _____ Gender (circle one): Male Female
 List any medical problem or prohibition coach has: _____

 Person to notify in emergency: _____ Phone: _____
 Doctor to notify in emergency: _____ Phone: _____
 Number of prior seasons coached: _____ Last League: _____ Last Team: _____ Last Director: _____
 First Aid Certification Level: _____ Coaching License Level: _____
 Number of seasons played: _____ High School: _____ College: _____ Other: _____ Where: _____

VOLUNTEER'S AGREEMENT

I, the Volunteer, agree to abide by the laws, rules and regulations of the U.S. Youth Soccer Association, and agree that no player will be allowed to practice, scrimmage, or participate in a game without being properly registered, and therefore insured, as a member of the U.S. Youth Soccer Association (USYSA).

Name (Printed): _____ Signature: _____ Date: _____

LIABILITY RELEASE

I, the Volunteer, agree that I will abide by the rules of the LYSL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the LYSL accepting the Volunteer for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the LYSL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the Volunteer as a result of the Volunteer's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (Printed): _____ Signature: _____ Date: _____

OFFICIAL USE ONLY

Volunteer Type: Officer Director Committee Coach Assistant Coach Team Mgr. Other: _____
 Volunteer Disclosure Agreement Rec'd: Yes No
 Received By: _____ Date: _____