

Angelina Youth Soccer Association

Coach's Information Form

Last Name _____ M ___ First Name _____

Address _____ City _____ Zip Code _____

Date of Birth ___/___/_____ DL# _____ State _____

Phone No. _____ Email _____

Age Group U-___ () Boys () Girls () Coed

Season: () Spring 0__ () Fall 0__

Recreational () Competitive () Division _____

Coaching Credentials/License # _____

Print Full Name _____

Signature _____ Date _____

By signing above does hereby authorize us to run a criminal background check in order to comply with the Kid Safe Rules and Regulations.