

Coach/Assistant Coach or Manager Registration

_____ **Add: \$30** – Coach, Assistant Coach; **No Charge** – Manager/Recreational Coach

SSN# _____ Coaching License Number _____

Name: _____

Address: _____

City, State & Zip: _____

Phone with area code: _____ **Birthdate:** _____ **Sex:** _____

E-mail address: _____

Team Information

Association & Team Name: _____ Division & Age: _____

Signature Required:

*By signing this form I acknowledge:

_____ I presently do hold the necessary coaching license (or equivalent) required by TN State Soccer to coach or assistant coach the team division.

TS policy requires the coach to hold the following minimum level of license.

		Head Coach	Assistant Coach
Division 1	All Ages	USSF "C" or NSCAA National Diploma	National "D"
Division 2	All Ages	State "D" License	State "E"
Division 3	All Ages	State "E" License	Youth Module II
Division 4	All Ages	No Requirement	No Requirement

_____ I do not presently hold the State ___E___D or ___higher level (or equivalent) license. I plan to attend the appropriate coaching course this seasonal year. I further understand that I will be granted only one deferment per lifetime. I authorize the local Registrar to request a deferment for me. If my team wishes to move up in division, I would be required to have the appropriate license before coaching this team in a higher division.

Coach Signature: _____ Date: _____