



# 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.