



JEFFERSON COUNTY SOCCER CLUB
Coach's Application and Volunteer Registration Form

Please complete this form and mail to:
JCSC Registrar, PO Box 1666, Port Townsend, WA
98368

Last Name: _____ First Name: _____
Sex: F M
Street Address: _____ City: _____ Zip: _____
Home #: _____ Work #: _____
Email: _____
Occupation: _____
Emergency Contact: _____ Phone #: _____
Physician: _____ Phone #: _____
Medical Insurance: _____ ID #: _____
Date of Birth: _____

I am applying for the position of (Please circle one): Head Coach,
Assistant Coach, Team Manager, Board/volunteer position

The following section is for coach and assistant coach applicants only:

I would like to help in the following age group: _____
Boys or Girls (please circle one)

Practice Day(s) preference: Mon, Tues, Wed, Thurs, Fri (circle one)
Practice Location: HJ Carroll Park, Blue Heron, Other: _____

Coaching License(s) and date taken: _____
Please include copy of license(s)
CPR/First Aid Certification (please include copy of card)

Coaching Experience (include age level and number of seasons):

Coaching Education: (workshops, seminars, courses taken in addition to license course) _____

JCSC will reimburse the entire course fee to any active coach who satisfactorily completes a license E and above courses.

Are you interested in taking a course? Yes or no (please circle one)

Any other pertinent information (your two cents), anything you would like to add: _____

I have a copy of the most recent coaches handbook: yes or no
Please send me the most recent coaches handbook: yes or no

Print Name: _____ Date: _____

Signature: _____

All volunteers must sign the appropriate consent and release:

Consent for medical treatment: I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being.

Name: _____ Date: _____

Signature: _____

Release: I agree that I will abide by the rules of the Jefferson County Soccer Club and any affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Jefferson County Soccer Club and any affiliated organizations and sponsors accepting my registration, I hereby release, discharge, and/or other indemnify the Jefferson County Soccer Club and any affiliated organization and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the soccer programs, against any claim by or on my behalf as a result of my participation in the soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____ Date: _____

Signature: _____

Background check: I agree to have Jefferson County Soccer Club run a criminal history background check on me to ensure the safety of all the participants involved during the course of the soccer season.

Name: _____ Date: _____

Signature: _____