

Lake of the Ozarks Soccer Assn.
P.O. Box 661
Linn Creek, Mo. 65052
<http://www.losa.org>

LOSA Recreational Coaches Form

Return by: 07/29/11

Questions can be directed to: losaadmin@gmail.com
or Jacki Edwards@ 573.434.2675

****COACHES must complete a separate form for each team coaching****

LEAGUE NAME: <u>Lake of the Ozarks Soccer Association</u>		League # <u>302</u>
Drivers License Number: _____		State: _____
First Name: _____	MI: _____	Last Name: _____
Address: _____		City: _____
State: _____	Zip Code: _____	Phone: _____
		Birth date: _____
Sex (M/F): _____	Coach : Head _____ Assistant _____	Shirt Size _____
E-Mail Address: _____ (Please provide email – This is primary contact point for mass information emails during season)		
Coaching License Level (if applicable): _____		License Date: _____
		License Number _____ (Supply copy of coaches license if not already on file)
Child's name that I want to coach: _____		Age of Child: _____
		(First and Last Name)
Team Sponsor: _____		Age Division: _____
(sponsor forms can be found on the www.losa.org web site)		(U6,U8,U10,U12,U15)

All Coaches must complete a background check. Background checks are good for two years. Once your coach form has been entered into the getsoccer system a user name and password will be automatically emailed to the address listed above. Please access the www.getsoccer.com web site as soon as possible and go to the background check area and complete the registration. If you are a new coach or you need help accessing the site, please email losaadmin@gmail.com and a LOSA representative will reply. You will not be able to run a practice until your background status is no longer at na (not applied).

List any medical problem or prohibition Coach has _____

Emergency Contact Person Name _____ Relationship _____

Phone(Cell) _____ Phone (Alternate) _____

LIABILITY RELEASE

Coaches must sign when completing form on self.

I, the parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program.

SIGNATURE _____

DATE _____