

Help Sheet for USFF Coach Registration

The First Question is are you a new or returning coach, if you are returning and have your USFF ID# enter it and follow directions, otherwise choose new and fill out the form. The help sheet should make your task easier.

I. COACH/INSTRUCTOR INFORMATION:

*First Name: **Self explanatory**

*Last Name: **Self explanatory**

*Sex: **Self explanatory**

*Address: **Self explanatory**

*City: **Self explanatory**

*State: **Self explanatory**

*Zip Code: **Self explanatory**

*Home Phone: **Self explanatory**

Work Phone: **Self explanatory**

ext.

Pager: **Cell Phone**

Social Security Number: **Not Required**

*Birth Date (mm/dd/yyyy): **Self explanatory**

*Place of Birth: **Enter USA**

*Citizenship: **Self explanatory**

If Other, please specify country: **Self explanatory**

*Languages Spoken: **enter Foreign Languages you speak**

*E-mail: **Self explanatory**

*E-mail (Verify by retyping): **Self explanatory**

I do not have an E-mail: **Check if you have no access to email**

II. REGISTRATION INFORMATION:

*Select at least one Position you are registering for:

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Coach: **Check Coach**

Instructor: **Ignore**

*Present State Association: **Choose Penn Futsal West**

*League Association: **Choose No League Association**

*Club Association: **Choose No Club Association**

*Coach Grade **Self explanatory**
(Enter "Coach 10" if you are New):

Previous Affiliations/State Association: **Not Required**

Other Futsal/Soccer Organizations: **Not Required**

First Registered with U.S. Futsal: **Not Required** / /

Attained Present Grade: **Not Required** / /

III. EXPERIENCE INFORMATION:

Affiliated Game Experience:

Coach Only Player Only **Self explanatory Check One**

*You must enter games of experience below for each position you are registering for. If you have no experience in the game level, enter 0 (zero). **Self explanatory**

GAME LEVEL (FUTSAL/5-A-SIDE/MINISOCGER)	COACH	PLAYER
International F.I.F.A. Appointments	<input type="text" value="0"/>	<input type="text" value="0"/>
Professional Games (FUTSAL/5-A-SIDE)	<input type="text" value="0"/>	<input type="text" value="0"/>
Professional Games (Other)	<input type="text" value="0"/>	<input type="text" value="0"/>
Other International Appointments	<input type="text" value="0"/>	<input type="text" value="0"/>
Top National Level Games	<input type="text" value="0"/>	<input type="text" value="0"/>
Regional League Games	<input type="text" value="0"/>	<input type="text" value="0"/>
Top Amateur/Division 1 Games	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Amateur Games	<input type="text" value="0"/>	<input type="text" value="0"/>
Youth (Under 19) Games	<input type="text" value="0"/>	<input type="text" value="0"/>
Youth (Under 16 and Below) Games	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Games	<input type="text" value="0"/>	<input type="text" value="0"/>

IV. RISK MANAGEMENT INFORMATION:

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*Background in work with youth:

Year(s): Enter Number years
Self explanatory

Position: Explain what you did

*Experience in professional or amateur futsal/soccer:

Year(s): Self explanatory

Position: Self explanatory

*Experience youth futsal/soccer:

Year(s): How Long did you play
or Coach

Position: Self explanatory

*Lived at current address since (mm/yyyy): / Self explanatory

If you have lived at current address for less than 5 years, please list previous residences including street address:

Address: Self explanatory

City: Self explanatory

State: Self explanatory

Zip: Self explanatory

*Have you ever been convicted of a crime of violence, crime against a person, or a felony?

Convicted: Self explanatory

If yes, please explain: Why you
were convicted

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V. DONATIONS: **Self explanatory Not Required**

Please make a donation to help assist the different programs and opportunities provided and supported by US Futsal. Please check the following box if you wish to make a donation. This amount will be added to your total amount due and at the end of online registration you will receive a receipt on your certificate of registration.

\$5.00 \$10.00 \$25.00 \$50.00 \$100.00

Other:

I do not wish to contribute at this time. **Self explanatory Check this one**

VI. IMPORTANT POLICY INFORMATION:

*Read the following information and check each box to indicate your agreement.

Self explanatory Check this one I understand that:

1. U.S. FUTSAL may deny certification to any person who has been convicted of a felony, crime of violence or a crime against a person.
2. In applying for a U.S. FUTSAL position, the information which I have furnished on this form is subject to verification, which may include a criminal history check.
3. This disclosure statement must be updated every year.

Self explanatory Check this one I certify that all the information entered on this registration is correct. I also certify that I have no physical illness or impairments which will make participating in Futsal/5-a-side related activities dangerous to me.
