



Southbridge Youth Soccer Association Coach/Volunteer Registration Form

Date: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Sex (circle one): M/F

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

SYSA's Objectives:

- To teach the fundamentals of soccer.
- To provide quality adult leadership.
- To emphasize sportsmanship and teamwork.
- To emphasize the development of the individual over the need to win.
- To play each player in the game.
- To have fun.

I, the above registrant, agree that I will abide by the rules of Southbridge Youth Soccer, Mass Youth Soccer, US Youth Soccer, and their affiliates.

I certify that I have completed the CORI/KIDSAFE form available online at www.mayouthsoccer.org. Date CORI form submitted: _____

Signature: _____ Date: _____

SYSA Use Only:

Received: _____

CORI status: _____

Board Approval Status: _____

Mail Form to:

Southbridge Youth Soccer Assn.

P.O. Box 276

Southbridge, MA 01550

Website: www.southbridgesoccer.org