



H.E.A.D.S

Hillsburgh Erin And District Soccer

Coach Application Form

Coach Information (Please print clearly and completely)

Last Name		First Name
Address	City	Postal Code
Phone Home		Phone Work
Birth Date if under 18		e-mail Address
Placement (Must be filled out)		<input type="checkbox"/> Coach <input type="checkbox"/> Assistant
Child to be Coached		
Last Name		First Name
Division of Child		Relationship to Child and/or for High School Hours
References required (Name, Phone Number)		
1		
2		
3		
WARNING – WAIVER AND RELEASE: There is potential risk for injury in training and participation in any sport or high risk activity and every attempt has been made to provide a safe and controlled environment for everyone. As a Coach I agree to follow H.E.A.D.S. established rules for participation and conduct on and about the playing area during practice and/or games and any related activities. Further I understand that I am guided by the rules of the O.S.A., the South West Region Soccer Association and by local association rules and regulations. In consideration of the opportunity to coach as a volunteer for the H.E.A.D.S. club, I agree to assume all risks and hazards incidental to such participation. I hereby release the league, its organizers and sponsors from all claims for any potential injury/damage to myself except to the extent and in the amount covered by O.S.A. accident and liability insurance. I have read and understood these terms and acknowledge my acceptance of these terms by signing below.		
I have read and Understood the above		Date