

**HOUSE LEAGUE
COACHING REGISTRATION FORM
2012 OUTDOOR SEASON**

NAME: _____

TELEPHONE # () _____ **HM**

() _____ **WK**

() _____ **CELL**

ADDRESS: _____ **APT#** _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

E-MAIL: _____

SHIRT SIZE: _____

I WISH TO BE: **HEAD COACH** _____ **ASSIST COACH** _____

RELATIONSHIP TO PLAYER: _____

PLAYER NAME: _____

AGE GROUP: _____

BOYS DIVISION _____

GIRLS DIVISION _____

IF THERE IS A COACH OR ASSISTANT COACH IN WHICH YOU WOULD LIKE TO WORK WITH, PLEASE LIST BELOW.

STUDENTS: PLEASE FILL OUT FOR COMMUNITY HOURS.

SCHOOL _____

BIRTHDATE: _____

I WISH TO BE: **HEAD COACH** _____ **ASSIST COACH** _____

AGE GROUP _____

I HAVE COACHED WITH EYSC BEFORE: **YES** _____ **NO** _____