

PASO DEL NORTE COACH/TEAM FORM

COACH, ASSISTANT COACH, MANAGER REGISTRATION

Legal Name FIRST NAME:	Legal Name LAST NAME:	
DATE OF BIRTH:		
ADDRESS:		
CITY:		ZIP CODE:
E-MAIL ADDRESS:		
IF YOU HAVE A COACHING LICENSE, PLEASE	INDICATE WHICH ONE	
I WILL REGISTER AND COACH THE FOLLOWI	 NG TEAM(S) IN THE SPRING 2	023
Please be aware that if you coach several teams, you available. If you have more than 3 teams, please subschool year.		
□ HEAD COACH □ ASSISTANT COACH □ MANAGER Team Name:	□BOYS □GIRLS □COED	Age/Year:
□ HEAD COACH □ ASSISTANT COACH □ MANAGER Team Name:	□BOYS □GIRLS □COED	Age/Year:
□ HEAD COACH □ASSISTANT COACH □MANAGER Team Name:	□BOYS □GIRLS □COED	Age/Year:
 All communication and account information Once we create your coach's account, we wi and background check. Failure to complete a being dropped for not completing the regist Schedule requests submitted during the seas schedule requests now. 	Il notify you via email and you will hall required assessments will result in ration process.	sure your email is correct. ave to complete the 'Safe Sport', 'Head's Up', n coach being ineligible, and possibly, team te, therefore, make sure to submit any
FULL NAME:		DATE:

Please email to registrar crstl78@gmail.com