CYSSA CLAY TARGET PROGRAM

COACH & ADULT VOLUNTEER REGISTRATION

***Team Code:** _____ **Team Name**: _____

Name _____ Position: ☐ Head Coach ☐ Assistant Coach ☐ Volunteer

Coach Certification Credential: _____ Expiration Date: _____
(Head and Assistant Coach Only)
Mailing Address _____

City_____ State_____ Zip_____

Home Phone (____) _____ Mobile Phone (____) _____ E-Mail_____

Name _____ Position: ☐ Head Coach ☐ Assistant Coach ☐ Volunteer

Coach Certification Credential: _____ Expiration Date:_____
(Head and Assistant Coach Only)
Mailing Address _____

City_____ State_____ Zip_____

Home Phone (____) _____ Mobile Phone (____) _____ E-Mail_____

Name _____ Position: ☐ Head Coach ☐ Assistant Coach ☐ Volunteer

Coach Certification Credential: _____ Expiration Date:_____
(Head and Assistant Coach Only)
Mailing Address _____

City_____ State_____ Zip_____

Home Phone (____) _____ Mobile Phone (____) _____ E-Mail_____

Each Assistant Coach and Adult Volunteer working directly with the youth must fill out this form and complete an on-line Background Check as provided by the CYSSA. Send the forms on-line or mail forms and fees (See Payment Record for fees) to:

CYSSA
Post Office Box 1209
Roseville, CA 95678
Make checks payable to CYSSA.

*Team Codes are listed on CYSSA website under the "Info" tab

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