

KYSO New Travel Team Registration form

Head Coach: _____

Head Coach certification: _____

Contact information:

Street Address: _____

Phone (home and cell): _____

Email: _____

Assistant Coach: _____

Assistant Coach certification: _____

Contact information:

Street Address: _____

Phone (home and cell): _____

Email: _____

Proposed level of play (e.g., U9): _____

Proposed league of play (e.g., NISL, IWSL): _____

KYSO New Travel Team Agreement:

I, _____, Head Coach of this proposed new KYSO

Travel team, have read the Policy Manual for KYSO Travel and agree to abide by all policies listed therein.

Signature: _____

Date: _____

