



Coach Registration Form

This form must be completed every year for all coaches and assistant coaches to be submitted to the local organizer.
Please do not submit directly to GreatFil Team,

2 X 2
Photo

SPORT	Years of Coaching Experience	Years of Coaching under MILO Summer Clinics
Coach's Name	Driver's License or Any Gov't ID Number	Birthdate
Address	Email Address	
	Coach's Passport No.	Season/Year
Home Phone	Mobile Phone	Club Affiliation
Coaching License Currently Held	Date Received	Other Licenses (describe/date)
Age Group(s) Currently Coaching	a. Club b. High School c. College d. Indoor c. Other	
Do You Coach: (encircle all that apply)	a. Boys b. Girls c. Competitive d. Recreational	
1. Background in your Sport Position: _____ Years: _____ 2. Experience in Coaching youth Position: _____ Years: _____ 3. Experience in Coaching Adult Position: _____ Years: _____ 4. Pending Criminal/Civil/Administrative cases Yes? _____ No? _____ If yes, please indicate and provide details _____		
Reference Persons (with Address and Contact Numbers)		
Name	Address	Contact Numbers
1		
2		
Important! Accomplishing this form or having chosen as an accredited coach for the 2013 MILO Summer Sports Clinics does not guarantee that you can train/teach in the 2013 MILO Summer Sports Clinics. A minimum number of enrollees/participants per sport should be met for a coach to train/teach in the 2013 MILO Summer Sports Clinics.		
_____ Signature Over Printed Name		_____ Date