



AYSO Region 214 Temporary Coach Authorization

_____ (name) is hereby authorized to act as the Head Coach of the Under ___ Girls/Boys team for the game scheduled to be held on _____ (date) at _____ (time) on the following field: _____.

He/she must:

- be a Current Year Registered Volunteer (MY2013)
- have taken AYSO's Safe Haven Training
- have taken AYSO's CDC Concussion Awareness Training

He/She is responsible for understanding the AYSO Region 214 Rules and Regulations and agrees to abide by them.

Date: _____

Name: _____

Title: Division Coach Boys/Girls U___

Signature: _____

Date: _____

Name: _____

Title: Regional Commissioner Coach Administrator Assistant Coach Administrator

Signature: _____

This temporary coach authorization MUST be presented to the Referee prior to the start of the game and shall be valid ONLY for the game (s) designated.