



**Lyme-Old Lyme Soccer Club COACHES
REGISTRATION FORM
(Coach, Assistant Coach, Team Manager)**

Coach/Asst Coach/Manager Name: _____

Street: _____ P.O. Box: _____

Town: _____ State: _____ Zip Code: _____

Registration Number: _____

(Provided by LOLSC)

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email Address _____

Please indicate which age group and your interested Head Coach - HC, Assistant Coach - AC, Team Manager - TM

U10 Boys _____ U10 Girls _____

U12 Boys _____ U12 Girls _____

U14 Boys _____ U14 Girls _____

Coaching License Yes No (circle one)

If yes, what type and submit a copy for club records. Type: _____

If you would like to get licensed, please contact any club official.

Coaching experience _____

Please submit a small photo for coach's pass.

Are you willing to follow all LOLSC guidelines? Y/N _____

Assignments will be made upon completion of the player evaluation process.