

NON ACCREDITED COACH REGISTRATION

Year: _____



I, _____
(First Name) (Middle Name) (Family Name)

FFA Number

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Hereby request to register with the _____ Club as a **NON ACCREDITED COACH** for the following team/s
_____ (please list all teams you are the coach for)

I am Male Female (Please tick appropriate box), my date of birth of ____/____/____

My telephone contacts are: -

A.H..... B.H..... Mob.....

E-Mail

I am or I am not currently registered with another club or association (Please tick appropriate box)

I am or I am not currently disqualified or suspended (Please tick appropriate box)

I am willing to be enrolled in the next available Australian National Coaching Scheme conducted by Albury Wodonga Football Association and realise that my Club will be charged the appropriate fee for my participation in this course. If I **DO NOT** participate in this course I realise that I will be ineligible for re-registration as a **COACH** for the 2013 season until I participate in a course.

You are required to complete and supply a printed signed copy of your NSW working with children volunteer declaration. (<https://check.kids.nsw.gov.au/volunteer-declaration.php>)

You are required to supply a copy of your Working with Children Check card with expiry date.(Victoria).

Both of the documents listed above must be supplied, regardless of your state of origin.

You are required to register as a non player coach on the FFA MyFootballClub website.

DECLARATION

I hereby consent to participate under the jurisdiction of Albury Wodonga Football Association as a **NON ACCREDITED COACH** and pledge to observe all the rules and regulations of Albury Wodonga Football Association and Soccer NSW Ltd. I have read and agree to abide by the 'Codes of Behaviour' as provided to me. I acknowledge that I accept the facilities (which includes change rooms and other relevant facilities) at any ground at which a match is played in the condition "as is" and releases and indemnifies Albury Wodonga Football Association in respect of any liability whatsoever arising out of the nature or condition of those facilities. I accept that soccer is a recreational activity that involves a significant risk of physical harm and I as the non accredited coach/non accredited coach's parent accept that you have warned me of the risk of injury.

I herby declare that all the information submitted on this form is true and correct.

Signature of Non Accredited Coach (if over 18)

Please Print Name

____/____/____
Date

Signature of parent (if under 18)

Please Print Name

____/____/____
Date