



ACCREDITED COACH REGISTRATION

All Sections must be completed prior to form being accepted for registration

Year: _____

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

FFA Number

Hereby request to register with the _____ club as a **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

Please supply an Email address so we can pass on important coaching information

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 currently hold an Australian National Coaching Scheme license.

Expiry date of ____/____/____

Licence Level/Grade _____ Licence Number if Applicable: _____

Expiry date is a mandatory field and must be completed prior to submitting this application form.

Note: You are required to complete NSW working with children volunteer declaration.

(<https://www.service.nsw.gov.au/transaction/apply-working-children-check>) or

Working with Children Check (Victoria) (<http://www.workingwithchildren.vic.gov.au/>).

This information needs to be provided and held by your Club.

You are required to register as a non-player coach in the FFA Online Registration System.

DECLARATION

I hereby consent to participate under the jurisdiction of Albury Wodonga Football Association Inc as a **REGISTERED ACCREDITED COACH** and pledge to observe all the rules and regulations of Albury Wodonga Football Association Inc and Football NSW Ltd or Football Victoria Ltd. I have read and agree to abide by the “FFA Coaches 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 Football is a recreational activity that involves a significant risk of physical harm and I as the coach/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 Coach (if over 18)

Please Print Name

____/____/____
Date

Signature of Parent (if under 18)

Please Print Name

____/____/____
Date