



Coach/Manager Registration Form 2009-2010

Team Name _____ Age U- _____

Information:

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip _____

DOB ____/____/____ Home Phone (____) _____ Cell Phone (____) _____

Email _____ Alt. Email _____

Please print clearly – this is your contact info for your at Risk Mgmt.

Display My Name on Roster as: _____

Primary Role on Team:

Head Coach _____ Assistant Coach _____ Trainer _____

*If new to KC Select – you must include a copy of your coaching license with this registration form**

Team Manager _____ Team Parent _____ Other _____

Other Teams & Your Role:

Team _____ Your Role _____

Team _____ Your Role _____

Team _____ Your Role _____

Team _____ Your Role _____