

PASO DEL NORTE SPRING 2024 COACH, ASSISTANT COACH, MANAGER REGISTRATION

		2.0.1.1.1.0.1.
Legal Name FIRST NAME:	Legal NameLAST NAME:	
DATE OF BIRTH:	PHONE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
E-MAIL ADDRESS:		
IF YOU HAVE A COACHING LICENSE, PLEASE INDICA	ATE WHICH ONE	
I WILL REGISTER AND COACH THE FOLLOWING TE	EAM(S) IN THE SPRING 2	.023
Please be aware that if you coach several teams, you must havailable. If you have more than 3 teams, please submit an a school year.	·	•
□ HEAD COACH □ASSISTANT COACH □MANAGER Team Name:	□BOYS □GIRLS □COED	Age/Year:
□ HEAD COACH □ASSISTANT COACH □MANAGER Team Name:	□BOYS □GIRLS □COED	Age/Year:
☐ HEAD COACH ☐ ASSISTANT COACH ☐ MANAGER	\square BOYS \square GIRLS \square COED	
Team Name:		Age/Year:
 IMPORTANT INFORMATION: All communication and account information are do Once we create your coach's account, we will notify and background check. Failure to complete all requ being dropped for not completing the registration p Schedule requests submitted during the season are schedule requests now. If you agree 	y you via email and you will h ired assessments will result in process.	ave to complete the 'Safe Sport', 'Head's Up', n coach being ineligible, and possibly, team
FULL NAME:		DATE:

Please email to registrar crstl78@gmail.com