



Empire Soccer Club Coaching Form

age group

boys

girls

coed
(u6 & u19)

head
coach

assistant
coach

Name: _____

Your Child's Name: _____

Email: _____

Phone: _____ Best Contact Time: _____

Coached with Empire previously: Y N

Day of week preference for practice: M/W T/TH ANY

East or West practice: E W Time: Early Late

Do you have another coach you want to be paired with: _____

If coaching more than one team, what is the other age group: _____

For registrar use only

online risk
management
completed

fingerprinting
completed

concussion
certificate
received