

For coaches/volunteers who are supervising club practices where all participants are 18 years or older



Make Copies as Needed

Coach/Volunteer Registration Form

Club Name _____

Association _____ Club # _____ Today's Date _____

Coach/Volunteer Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ E-mail _____

USATF Membership* # _____

A current USATF membership is **REQUIRED to be covered by the general liability insurance policy.*

Join online at www.usatf.org/membership

Check this box if membership fee is being submitted with this form.

USATF Coaches Education School (if applicable) Developmental Level 1 Level 2 Level 3

Date & Location of school _____

Coach's Qualifications

1. Years of coaching experience _____

2. Name of school / college attended (if applicable) _____

Start date _____ End date _____ City _____ State _____

3. Number of clinics attended _____ (please list below)

4. Please indicate additional information, qualifications, and/or comments you feel are pertinent to keep on file with your club application.

