



UNITED STATES FUTSAL FEDERATION

American Futbolito Sportplex Inc.

FUTSAL

affiliated with U.S. SOCCER

YEAR

COACHES REGISTRATION (print firmly and legibly to make clear copies)

LAST NAME _____ FIRST NAME _____ SEX _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE _____ WORK PHONE _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____ PAGER _____
month day year

PLACE OF BIRTH _____ CITIZENSHIP USA _____ OTHER _____ (country)

Email: _____

REGISTRATION IS FOR (check only one please) _____ COACH _____ INSTRUCTOR

LOCAL ASSOCIATION _____ PRESENT STATE ASSOCIATION _____

PREVIOUS AFFILIATIONS/STATE ASSOCIATIONS _____

OTHER FUTSAL/SOCCER ORGANIZATIONS _____

FIRST REGISTERED WITH U.S. FUTSAL _____ ATTAINED PRESENT GRADE _____
month day year month day year

AFFILIATED GAME EXPERIENCE COACH ONLY PLAYER ONLY

UPGRADE REQUEST (complete only for upgrade)

GAME LEVEL (FUTSAL/5-A-SIDE/MINISOCCER) COACH PLAYER

CURRENT GRADE _____

1ST REGIONAL 1 GRADE DATE _____

CAREER GAMES FOR UPGRADE TO NEXT LEVEL _____

I HAVE MET THE REQUIREMENTS AND REQUEST AN UPGRADE FROM MY CURRENT GRADE TO _____

UPGRADE CLINIC ATTENDED

COACH INSTRUCTOR (mark one)

LOCATION (City & State) _____

BEGINNING & ENDING DATES _____

INSTRUCTOR _____

I certify that all the information entered on this registration is correct. I also certify that I have no physical illness or impairments which will make participating in Futsal/5-A-Side related activities dangerous to me Date _____ Signature _____

OFFICIAL USE

GRADE	ACTIVE	OTHER
International	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
National	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 13 <input type="checkbox"/> 14
Regional	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 15 <input type="checkbox"/> 16
State	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 17 <input type="checkbox"/> 18
Coach	<input type="checkbox"/> 9 <input type="checkbox"/> 10	
Associate	<input type="checkbox"/> 11 <input type="checkbox"/> 12	

CERTIFICATION/UPGRADE INFORMATION

Written Test _____ Date _____ Score _____ Initials _____

Field Test _____ Date _____ Pass Fail Initials _____

COMMENTS

CERTIFICATION OF COMPLETION

Name _____ Title _____

State Association _____

Signature _____

Comments _____

New Coach Transfer Recertification

Upgrade Other _____

Cash Check # _____

Amount Paid _____ Initials _____