

LOUISIANA YOUTH COACHES ALLIANCE

COACHES' REGISTRATION FORM

The Louisiana Youth Coaches Alliance is a non-profit community organization determined to enhance the lives of at risk youth in Louisiana through structured athletics and educational activities.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Emergency Number _____

Email Address _____

Date of Birth _____ Male Female

Team/Organization Name: _____

Sport: Baseball Football Cheerleading Basketball

Division: _____

AAAAA: 16-18 AAAA: 13-15 AAA: 11-12 AA: 9-10 A: 7-8 D-League: 5-6

Head Coach or Assistant: _____

In return for me (a "Coach") being allowed to participate in the Louisiana Youth Coaches Alliance programs (the "Alliance"), I release and agree not to sue the Louisiana Youth Coaches Alliance, its directors, coaches, volunteers, sponsors, and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the my participation in the Alliance and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Alliance, even if caused by their ordinary negligence. I am voluntarily participating in the Alliance. I also agree to indemnify and hold harmless those listed above for all claims arising out of my participation in the Alliance and all related activities. I agree to let the parties use my name and likeness free of charge in any manner and for any purpose without compensation to me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Louisiana and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

I agree that the terms of this release are binding on me. I also hereby acknowledge that I have read and understand the Alliance's Membership Policies.

Signature _____ Date _____

LYCA Admin Use Only:	Completed Registration:	Date:
	Completed Certification:	Date:
	Recertification Required:	Date:
	Completed Background Check:	Date: