

CERTIFICATION OF INTENDED COACH COURSE

River City Youth Soccer League

Coach's Name : _____

Head Coach

Ass't Coach

Club: Arden Park Soccer

Rec

Team, if known: _____

I certify that I am registered in the following coaching course. I understand that upon completion I must provide the Club Registrar with a photocopy of my Coaching License to attest my satisfactory completion of this course. (I understand that a coach pass cannot be issued without proper documentation.

Course Level: F E E/D

Course Dates: _____

Sponsoring League: _____

Signed: _____

Date: _____

Note: This form must be submitted with Form 1628 whenever the coach cannot provide evidence of a coaching license appropriate for the class being coached.