



# DIRECTOR OF COACHING PASS APPLICATION

**\*\* The CYSA Team Official Registration & Risk Management Form #1628 must be completed prior to issuance of the DOC pass \*\***

The DOC pass will be a plastic card on a lanyard, issued by the **CYSA** State Office. DOC's must wear the pass whenever they are on the sidelines of any team within their League/Club (passes are only valid for the League/Club indicated on the pass). Persons issued a DOC pass do not need to be listed on every team roster.

Applications for the DOC pass must be filed annually with **CYSA** as passes will be season specific. There is no fee for this application.

Please Print/Type the information below:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ LEAGUE/CLUB NAME: \_\_\_\_\_

LEAGUE PRESIDENT NAME: \_\_\_\_\_

LEAGUE PRESIDENT SIGNATURE: \_\_\_\_\_

I understand that by signing this agreement I must follow all **CYSA** rules and that if I am sent off from **ANY CYSA** affiliated game(s), that I will not be allowed to participate in any **CYSA** sanctioned game(s) during the period of suspension and the suspension must be served with the team with which the suspension was incurred. (PIM 08-3)

DIRECTOR OF COACHING SIGNATURE: \_\_\_\_\_

Please submit the application to the **CYSA State Office**: 1040 Serpentine Lane Suite 201, Pleasanton, CA 94566-4754

A head shot photo must be included with the application. The photo must be a recent photo, in color, with a full front view of the face. Hats and sunglasses are not allowed.

Applications & Photos may also be emailed to Brian Siwy at: [bsiwy@cysanorth.org](mailto:bsiwy@cysanorth.org). Photos must be in .JPEG, JPG, .PNG, or .BMP format.

## OFFICIAL USE ONLY

DISTRICT COMMISSIONER OR DESIGNEE NOTIFIED ON: \_\_\_\_\_

DISTRICT REGISTRAR OR DESIGNEE NOTIFIED ON: \_\_\_\_\_

DOC PASS MAILED ON: \_\_\_\_\_