

WESTSIDE DEVILS JUNIOR SOCCER CLUB

Coaches/ Team Managers Authorisation Form

Coach/Team Managers Name: _____

(Cross out which is not applicable)

Team Name: _____

Age Group: _____

Contact Number (ie Home/Work) _____

Mobile Number _____

Email _____

Training

Day _____

Time _____

I/We hereby authorise the Westside Devils Junior Soccer club to use these contact numbers and email address for publication on their website.

Signed

Date/...../.....

(This form is to be signed by all Coaches & Team Managers Individually)