

P.R.E.P.A.R.E. Registration Form

Email: _____

Establish a User Name: _____ Establish a Password: _____

First Name: _____ Last Name: _____

Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (____) _____ - _____

League Office Phone Number: (____) _____ - _____

(required to receive \$4 rebate; check with your administrator to make sure you have the correct number)

National Affiliation:

Other: _____

Local Affiliation / League Name: _____

Which sports do you coach? (check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Cheerleading and dance | <input type="checkbox"/> Crew |
| <input type="checkbox"/> Cross country | <input type="checkbox"/> Cycling | <input type="checkbox"/> Field hockey |
| <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Ice hockey | <input type="checkbox"/> La Crosse | <input type="checkbox"/> Rugby |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Swimming/Diving | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Track and field/ Triathletes | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Water polo |
| <input type="checkbox"/> Weight lifting | <input type="checkbox"/> Wrestling | |

Other: _____

Age of players?

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1-5 years | <input type="checkbox"/> 6-7 years | <input type="checkbox"/> 8-9 years | <input type="checkbox"/> 10-11 years |
| <input type="checkbox"/> 12-14 years | <input type="checkbox"/> 14-18 years | <input type="checkbox"/> 18-25 years | <input type="checkbox"/> 25 and older |

Have you been CPR, First Aid or Sports Safety certified before?

Yes No

Is your certification current?

Yes No

Are you interested in being certified?

Yes No

Do you wish to receive the NCSS's monthly safety tips?

Yes No

Do you wish to have your name listed in our national registry of Educated Coaches?

Yes No