



# P.R.E.P.A.R.E.

## ONLINE REGISTRATION FORM

**PAYMENT MUST BE SUBMITTED WITH THIS FORM**  
(CHECK OR MONEY ORDER)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address (This will be used as your username): \_\_\_\_\_

Establish a Password: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ League Office Phone Number: \_\_\_\_\_

What type of organization are you with? \_\_\_\_\_

National Affiliation: \_\_\_\_\_

State Affiliation/League Name: \_\_\_\_\_

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

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Baseball               | <input type="checkbox"/> Football   | <input type="checkbox"/> Squash                      |
| <input type="checkbox"/> Basketball             | <input type="checkbox"/> Golf       | <input type="checkbox"/> Swimming/Diving             |
| <input type="checkbox"/> Bowling                | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis                      |
| <input type="checkbox"/> Boxing                 | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Track and Field/Triathletes |
| <input type="checkbox"/> Cheerleading and Dance | <input type="checkbox"/> La Crosse  | <input type="checkbox"/> Volleyball                  |
| <input type="checkbox"/> Crew                   | <input type="checkbox"/> Rugby      | <input type="checkbox"/> Water Polo                  |
| <input type="checkbox"/> Cross Country          | <input type="checkbox"/> Skiing     | <input type="checkbox"/> Weight Lifting              |
| <input type="checkbox"/> Cycling                | <input type="checkbox"/> Soccer     | <input type="checkbox"/> Wrestling                   |
| <input type="checkbox"/> Field Hockey           | <input type="checkbox"/> Softball   | Other _____  |

Age range of youth you are involved with. (Select all that apply)

1 to 5  6 to 7  8 to 9  10 to 11  12 to 14  15 to 18  19 to 25  26+

Do you want to be added to the National Registry of Participants who have completed this course?

Yes  No

Would you like to subscribe to the NCSS mailing list to receive sports safety updates?

Yes  No