

Peel Junior Soccer Association

P.O. Box 2171 Mandurah 6210

www.peelsoccer.com



A.B.N. 61 632600 395

COACH & TEAM CONFIRMATION OF DETAILS

TEAM	
League (age group):	
Team Name:	

COACH			
Name:		Phone:	
Address:		Mobile:	
		Email:	
		Tick YES	Tick NO
Is your child a member of the team that you are coaching?			
If NO, have you completed a Working With Children (WWC) check?			

ASSISTANT COACH (if applicable)			
Name:		Phone:	
Address:		Mobile:	
		Email:	
		Tick YES	Tick NO
Is your child a member of the team that you are coaching?			
If NO, have you completed a Working With Children (WWC) check?			

Notes to coaches

1. Submit this form to the PJSA committee prior to the beginning of the playing season.
2. Please check your player list (from PJSA) to ensure all players are registered.
3. Notify a PJSA committee member if your player list is NOT correct.
4. **WARNING:** Teams with unregistered players will be disqualified.