

WOODBURY YOUTH ATHLETIC LEAGUE (W.Y.A.L.)
TRAVELING BASEBALL/SOFTBALL/BASKETBALL
(Individuals must complete the certification process to Coach a W.Y.A.L. team)

COACHES INFORMATION:

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(First Name)	(Middle Name)	(Last Name)
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(Street Address)	(Phone)	(Email Address)
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(City)	(Zip Code)	(Date of Birth)
<hr/>		
(Years coaching experience)	(Other coaching credentials)	
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(Social Security Number)	(Date of Birth)	(State)
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CONFIRMATION STATEMENT:

I hereby confirm and attest that I have completed the Coaches Certification process, including the concussion education program, as required by the Woodbury Youth Athletic League (WYAL). By signing this document, I also authorize the WYAL Board to perform a criminal background investigation, as required by the City of Woodbury.

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(Coaches Signature)	(Date)