2016-2017 NCA MEMBERSHIP REGISTRATION

Complete this form in its ENTIRETY and mail with your check to:
NCA
500 Charleston Street, Ste. 2
Lincoln, NE 68508

Name:

Gender: ◯ Male ◯ Female

Date of Birth: / /

NSAA High School:

Middle School/ College/Youth Org/Club:

Home Address: (Please do not enter school address)

City, State Zip: ,

Phone: ( ) - **E-mail:**

☐ **Check here if FIRST TIME COACH** - OR - **Enter # of years in coaching/administration through 2015-2016:**

Coaching Assignments 2016-2017:

SPORT	HS VARSITY		HS NON-VARSITY		MIDDLE SCHOOL		YOUTH/CLUB		COLLEGE	
	Head	Asst	Head	Asst	Head	Asst	Head	Asst	Head	Asst
Boys Cross-Country	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Girls Cross-Country	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Football	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Girls Golf	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Softball	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Boys Tennis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Volleyball	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Boys Basketball	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Girls Basketball	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Boys Swimming	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Girls Swimming	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wrestling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Baseball	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Boys Golf	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Boys Soccer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Girls Soccer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Girls Tennis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Boys Track and Field	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Girls Track and Field	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cheer or Dance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bowling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Administrative Assignments 2016-2017: Please indicate any administrative positions you hold for 2016-2017 for this high school.

☐ Athletic Director ☐ Assistant Athletic Director ☐ Activities Director ☐ Principal ☐ Assistant Principal ☐ Superintendent

☐ **Registrant is a Past President of the NCA Board** (membership fee waived).

☐ **Registrant is a College Student -OR- Coaching Out-of-State** (membership fee waived).

FEES:

NCA Membership: $45.00

Clinic: NCA Membership Required ☐ **$50** Early: 5/1 to 5/31 **$60** Regular After 5/31 ☐ Cheer/Dance 1 Day Clinic ***$25** Early: 5/1 to 5/31 ***$30** After 5/31

*AACCA Certification not included - paid at clinic

Total Amount Due: $

Credit Card Number: (Mastercard, VISA, Discover) **Expiration Date:** (Mo/Yr) /

Signature: _____