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## LSA COACHING COURSE APPLICATION

### Course Level:

- \_\_\_\_\_ U6-U8 Youth Module (**\$25 LSA Affiliated, \$45 Non-Affiliated**).
- \_\_\_\_\_ U10-U12 Youth Module (**\$25 LSA Affiliated, \$45 Non-Affiliated**).
- \_\_\_\_\_ "E" Certificate (**\$60 LSA Affiliated, \$80 Non-Affiliated**).
- \_\_\_\_\_ "D" License Coaching Course (**\$95 LSA Affiliated, \$115 Non-Affiliated**).

### Please Print Clearly:

Course Location: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

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

Phone H: (\_\_\_\_\_) \_\_\_\_\_ Phone C: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Coaching Certificate/License: \_\_\_\_\_ Number: \_\_\_\_\_ Date Passed: \_\_\_\_\_

Current Club/Organization: \_\_\_\_\_

Playing/Coaching Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### In Case of Emergency Notify:

Full Name: \_\_\_\_\_

Phone H: (\_\_\_\_\_) \_\_\_\_\_ Phone C: (\_\_\_\_\_) \_\_\_\_\_

I declare that I am fully covered by insurance in the event of any injury received during any of the above courses. My signature below releases US Soccer, US Adult Soccer Association, US Youth Soccer, Louisiana Soccer Association and their officers and anyone appointed by them to conduct or assist in the conducting of the above courses from all claims resulting from any injury during the above courses.

Signature: \_\_\_\_\_

**If the applicant is a minor:** The above named individual has my permission to take the Louisiana Soccer Association coaching course. Authorization is given for any and all medical and hospital care and treatment, including major surgery by a duly licensed physician for the health and well being of the above named individual.

Signature of Parent or Guardian: \_\_\_\_\_

A check or money order for the appropriate amount must accompany all applications unless your club is paying for the course. Please make checks/money orders payable to L.S.A.

**Member: US Soccer Federation - US Youth Soccer - US Adult Soccer Association.**