

APPLICATION FOR COACHING COURSE

Course Level: (Circle One) **U6/8** **U8/10** **U10/12** **GK** **8v8** **CEU**

E D

Location of Coaching Course: _____

[Please print]

Name _____

Address _____

City _____ St. _____ Zip _____

Phone #() _____

EMAIL: _____

Current Coaching Certificate/License _____

Club _____

Playing Experience _____

Coaching Experience _____

In Emergency Notify:

Name _____ Phone # _____

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 the U.S.S.F., U.S.A.S.A., U.S.Y.S.A., L.S.A. 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 L.S.A. 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.
Please make checks/money orders payable to L.S.A.

L.S.A. OFFICE USE ONLY

Course Location: _____

Date: _____

Check/Money Order Number _____

Amount _____ Received On: _____

Instructor(s): _____
