



APPLICATION FOR IDAHO YOUTH SOCCER ASSOCIATION COURSE AND CERTIFICATION

Please send course fee to: IYSA District II/CC, 1275 Sage #2, Idaho Falls, ID 83402

Check appropriate level:

Level I/Level II Modules _____

E _____

D _____

Other _____

Coaching Certificate or license now held by applicant: (& ~date rec'd) _____

Name		Cell Phone	
Address		Home Phone	
City, St		E-Mail	
Zip		Team Name & Age <small>(i.e. U14G Lyons)</small>	

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name		City, St	
Address		Phone	

OR

Name		City, St	
Address		Phone	

FAMILY PHYSICIAN

Name		City, St	
Address		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 United States Soccer Federation, Idaho Youth Soccer Association, 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 applicant is a minor: The above named individual has my permission to take the Idaho Youth Soccer Association Coaching Course. Authorization is given for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician for the health and well-being of the above named individual. I declare that the minor applicant is fully covered by insurance in the event of any injury received during any of the above courses. My signature releases the USSF and USYS and Idaho Youth Soccer from all claims resulting from any injury during the above course(s).

Signature of Parent or Guardian
