

Florida Youth Soccer Association Coaching Course Application
(PLEASE PRINT LEGIBLY)

Course applying for: _____ Course Fee: _____

Name _____ SSN _____ M F

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Home email _____ Work e-mail _____

Date of Birth _____ Place of Birth _____

Current club affiliation _____

Current Licenses Held _____

Playing Experience (School or Club)

Coaching Experience (School or Club)

Youth _____

High School _____

College _____

Amateur/Pro _____

Tuition \$ (non refundable) Cheque payable to: Titusville Soccer Club

F.Y.S.A. - Course Attendance Policy

In order to earn a license, a coach must attend the entire course and pass the exams. In the event a coach misses part of a course, it is the responsibility of that coach to attend the missed segment at another course.

Emergency Contact _____ Phone Number _____

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 State Soccer Federation and the Florida Youth Soccer Association, their officers and anyone appointed by them to conduct or assist in the conducting of the "E" course from all claims resulting from any injury during the above course.

Signature _____ Date _____

If the applicant is a minor; the above named individual has my permission to take the Florida State 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.

Signature _____ Date _____

Relationship to Applicant _____