



## APPLICATION FOR IDAHO YOUTH SOCCER ASSOCIATION COURSE AND CERTIFICATION

Check appropriate level: \_\_\_\_\_ Level I/Level II Modules \_\_\_\_\_ "E" \_\_\_\_\_ "D" \_\_\_\_\_ Other

Coaching Certificate or license now held by applicant: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

### **IN CASE OF EMERGENCY PLEASE NOTIFY:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### **OR**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### **FAMILY PHYSICIAN**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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 (adult participant): \_\_\_\_\_

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 (Parent or Guardian of minor): \_\_\_\_\_