



### **Kentucky Youth Soccer**

Adrian Parrish or Dave McIver  
859-268-1254

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### **Ohio South Youth Soccer**

Gordon Henderson

[henderson@osysa.com](mailto:henderson@osysa.com)

Office: 513-576-9555

### **USSF National Coaching School Information**

Please find the Candidate Information for the US Soccer "C" License Coaching Course November 6-14, 2010 to be held at the Town and Country Sports Complex in Wilder, KY.

#### **Course Fees:**

Resident- \$950

Commuter- \$650

**\*\* All checks made payable to Kentucky Youth Soccer Association\*\***

If you wish to register but can't pay the entire fee up front, please see the non-refundable deposit amounts below:

Commuter = \$150

Residential = \$300

Full payment will need to be received prior to course starting

#### **Course Location:**

Town and Country Sports Complex

1018 Town Dr

Wilder, KY 41076

<http://www.towncountrysports.com/index.asp?page=directions>

#### **Accommodations:**

Country Inn and Suites

10 Country Dr

Wilder, KY 41076

859-441-3707

[www.countryinns.com/wilderky](http://www.countryinns.com/wilderky)

**Check In:** Please check-in on November 6, 2010 between **11 am and 1 pm** at the Country Inn and Suites in Suite 214. Course registration will be conducted at this time. If you haven't sent in a photo, your health Liability form, or copy of your Nat'l D License please bring these with you to check-in. You won't be able to check-in to your room until we break for dinner at 5:30. There will be a place to store your luggage at the hotel.

**Check out:** Candidates will be finished on November 14, 2010 at approximately **1pm**. Please make your travel arrangements accordingly.

**Orientation:** An orientation meeting followed by the opening course lecture will be held at **1:15 pm** on the afternoon of your arrival for both RESIDENTS and COMMUTERS. The location of this meeting will be posted at check-in. This session is mandatory for completion of the course.

**Rooming:** Room Assignments have been made through the State Office according to the preference indicated on your application. Candidates without a roommate indicated are randomly paired. No changes will be made at the course site without prior approval.

**Meals:**

Breakfast and Lunch will be provided for RESIDENT candidates from Breakfast on November 7, 2010 to breakfast on November 14, 2010. Lunch will be provided for COMMUTERS November 7 through November 13, 2010. Residential candidates are responsible for all evening meals.

**Transportation:** Please make airline reservations into Cincinnati/Northern KY International Airport ([www.cvgairport.com](http://www.cvgairport.com)) which is approximately 10 miles from the airport to the hotel. The fields are located .1 miles away from the hotel. Maps will be available at course check-in. *You are responsible for providing your own transportation to and from the airport and while at the course site.*

**Parking:**

Parking will be available at the hotel and Town and Country Sports Complex.

**Manuals:** Candidate Manuals will be received at course check-in.

**Packing List:** All candidates **must** provide their own SOCCER BALL for field sessions. As the weather can be variable at this time of year, it is wise to pack for all occasions. You should also bring with you:

1. A rain suit
2. 1 pair of soccer shoes and 1 pair of training shoes
3. Sweat/Track suit, stocking hat and gloves
4. Adequate clothing for classroom and field sessions (shirts, shorts, socks and warm-ups)
5. Paper, pens and pencils
6. FIFA Laws of the Game Book will be provided
7. Personal soccer coaching textbooks or written materials
8. Alarm Clock
9. Soccer Ball
10. Additional Towels

**Late Arrivals:** If you are delayed, notify the Country Inn and Suites Hotel at 859-441-3707. If they are unavailable, leave a message with your name, contact information (if available) and estimated time of arrival.

**Photos:** If a photo was not attached to your application form, it is your responsibility to bring a passport size photo to the course. You will be responsible for giving your lead instructor a photo by day three (3).

**Cell Phones:** Out of respect for your instructors and fellow candidates, please be advised that cell phones / pagers must be turned off during all field sessions and classroom lectures.

**Enclosures:** Included with the information sheet are the following items. If you are missing any materials, please contact the Kentucky Youth Soccer Coaching Department at 859-268-1254.

1. Maps/Directions- (Links above)



**Mail Application to: Kentucky Youth Soccer Association**  
**443 S Ashland Ave., Suite 201**  
**Lexington, KY 40502**

**Application Deadline: Friday, October 8, 2010**

Attach  
Photo  
Here

**Course Fees:**  
 Resident- \$950  
 Commuter- \$650

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ M F U.S. Citizen: Y N  
(circle) (circle)

**COURSE REGISTRATION:** T-shirt Size: S M L XL XXL (Circle)

Course Level: **National "C"**

Course Location: \_\_\_Town and Country Soccer Complex, Wilder, KY\_\_\_\_\_

Course Date: \_\_\_November 6- 14, 2010\_\_\_\_\_

Existing License: \_\_\_\_\_  
 Issued by USSF, NSCAA, Other Date Received/ Date Renewed License Level & No.

\_\_\_Member of U.S. Soccer CoachesNet? Member #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_Waiver Application (Please complete information on back page)

\_\_\_Audit or Refresher Course (deduct \$100 from rates)

Emergency Contact: \_\_\_\_\_  
 (name, phone)

Requested Roommate: \_\_\_\_\_

\_\_\_If you have a disability or need special accommodations or assistance, please check here and call the appropriate State Association.

**PAYMENT:** *Enclose cashiers check, money order, or complete the following credit card information. All checks should be made payable to: **Kentucky Youth Soccer Association**  
**443 S Ashland Ave. Suite 201, Lexington, KY 40502***

**\*\*Please be advised that the full payment will be charged to your credit card upon completion of credit card information on the application.**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Type: **MasterCard or Visa** Name on Credit Card: \_\_\_\_\_

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

**FOR OFFICE USE ONLY:**  
 Deposit Amount: \_\_\_\_\_ (No.) \_\_\_\_\_ Received On: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
 Final Payment: \_\_\_\_\_ (No.) \_\_\_\_\_ Received On: \_\_\_\_\_ Verification Letter: \_\_\_\_\_  
 Withdrew On: \_\_\_\_\_ Refund Due: \_\_\_\_\_ Refund Paid: \_\_\_\_\_ Date refunded: \_\_\_\_\_

## **COURSE ELIGIBILITY**

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### **"C" LICENSE**

Applicants must be at least 18 years of age, and have earned a National "D" License certification held for a minimum of 12 months (attach a copy to application). "D" License certification may be waived under one of the following conditions:

- 1) Application received the NSCAA National Diploma and has held it for a minimum of 12 months.
- 2) Applicant has three (3) years coaching experience **AND** has three years playing experience with U.S. National Teams or three (3) years professional playing experience.

**WAITING PERIOD:** There is a mandatory waiting period of one (1) year between each level of license ("D" through "A").

## **EXAMINATIONS AND EVALUATIONS**

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Candidates undergo a challenging series of written, oral and practical examinations on a variety of subjects. Candidates must receive passing scores in all test areas in order to become licensed. A single failing score in a theoretical subject qualifies for a re-test in that subject. All re-tests will take place at the conclusion of the course. A single failing score in either of the methodology subjects will result in a failing grade for the course with no re-testing. If a candidate is found deficient in only Game Awareness, he/she may still pass the course. *If an applicant misses any of the course sessions, he/she must return to a future school to participate in that session/lecture, even if the candidate has passed all of the testing areas. License will be withheld until this requirement is fulfilled.*

### **3.2 RULE**

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If "C" candidates receives a passing grade equaling 3.2 or above, they must wait two (2) years before attending a "B" course. However, if they audit a "B" course within that two-year period, they will be permitted to attempt the "B" License after the minimum 12-month waiting period.

Candidates will receive their results from the national office within 6-8 weeks following the conclusion of the course. Successful candidates will receive a license certificate and license card at that time.

**NOTE:** We strongly recommend that you be in "good" physical condition to meet the demands of the course.

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## **DOCUMENTATION FOR WAIVERS**

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- 1) If applying as a professional player, applicant must submit proof, such as photocopies of contracts, or verification by owner on official team letterhead. Documentation of coaching experience is also required.
- 2) If application holds an NSCAA Diploma, a copy of the diploma must be attached to the application.

**If required documents do not accompany application, it will be returned.**

**WAIVER INFORMATION**

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**Playing Experience:**

(Team Name and No. of years)

Professional \_\_\_\_\_

\_\_\_\_\_

**Coaching Experience:**

(School or Club or No. of years)

Youth: \_\_\_\_\_

HighSchool: \_\_\_\_\_

College: \_\_\_\_\_

Amateur: \_\_\_\_\_

Professional: \_\_\_\_\_



# U.S. Soccer Coaching School Health Form

(To be submitted upon check-in)

**This form does not need to be completed by Physician**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### Please Answer Every Question Below:

- |     |   |       |      |
|-----|---|-------|------|
| 1.  | Has had any injuries requiring medical attention                  | Yes__ | No__ |
| 2.  | Has had illness lasting more than one week                        | Yes__ | No__ |
| 3.  | Is under a physician's care now                                   | Yes__ | No__ |
| 4.  | Takes medication now  | Yes__ | No__ |
| 5.  | Wears glasses__ Wears contact lenses__                            | Yes__ | No__ |
| 6.  | Has had a surgical operation                                      | Yes__ | No__ |
| 7.  | Has been in hospital (except for tonsillectomy)                   | Yes__ | No__ |
| 8.  | Has high blood pressure, abnormal heart rate or any heart disease | Yes__ | No__ |
| 9.  | Has had trouble with dehydration (excess loss of salt water)      | Yes__ | No__ |
| 10. | Has had heat stroke   | Yes__ | No__ |
| 11. | Has any known drug, food or pollen allergy                        | Yes__ | No__ |
| 12. | Has been immunized against flu__polio__ tetanus__                 | Yes__ | No__ |
| 13. | Should participate in strenuous exercise                          | Yes__ | No__ |

### Please explain any questions where you answered Yes:

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(You must complete both sides of the form to attend)

over



## Release of Liability

Name (print): \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Being fully cognizant of the physical training requirements of the UNITED STATES SOCCER FEDERATION COACHING SCHOOL. I represent that I am physically able to participate and hereby hold the U.S. Soccer Federation, their coaching staff, and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

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

Date: \_\_\_\_\_