

REQUEST FOR WAIVER OF PRIOR COACHING LICENSE REQUIREMENTS

Please type or print neatly all requested information.

Send completed and signed form at least 2 weeks prior
to the start of the scheduled course you wish to attend, to:

Ohio South Youth Soccer Association
Attention: Director of Coaching
25 Whitney Drive #104
Milford, Ohio 45150

Office Use Only	Last Name _____	First Name _____	M.I. _____	Date Received ____/____/____	Denied	Approved	Date ____/____/____
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Name: _____
First Name M.I. Last Name

Date of Birth: _____

Home Address: _____
Street

_____, _____
City State Zip Code

Telephone: (H) _____ **(W)** _____

Email: _____

I request approval to be waived into the USSF ____ Level License. I understand that I must receive written waiver approval from the Director of Coaching before registering for the course I wish to be waived.

PRIOR COACHING EXPERIENCE: List all prior soccer coaching experience:

- State where and when you received any licenses, attaching copies of any documentation.
- Describe clinics, (NSCAA, US Soccer, etc.) or Seminars, (OSYSA Lecture series, NSCAA convention seminars, etc.), that you have attended.
- Describe the levels that you have coached at: Youth, High School, College, Amateur, etc.

PRIOR PLAYING EXPERIENCE: List all soccer playing experience:

- Describe at what level you have played, Youth, High School, College, Amateur, Professional.
- Describe when, length of time and where you have played.

OTHER RELEVANT EXPERIENCE AND EDUCATION:

List other relevant experience or education that has helped to prepare you to be a soccer coach.

- Coach in other sports - describe which sport, when and where you have coached.
- Soccer referee - # of years, referee grade, at what levels; youth, high school, college, etc
- Formal education in a sports field -. (i.e. Bachelor's degree in P.E.) - What field, Number of years experience in that field, When are where have you used that education.

The information that I have provided on this request is true and accurate.

Signature

Date

