

# REQUEST FOR WAIVER OF PRIOR COACHING LICENSE REQUIREMENTS

Please type or print neatly all requested information.

Please send the completed and signed application along with your completed references by mail or fax to:

Ohio South Youth Soccer Association  
Attention: Director of Coaching  
25 Whitney Drive #104  
Milford, Ohio 45150  
Fax: 513-576-1666

**Please note:** We will not accept applications by email, and we will not accept incomplete applications. Make sure all three references are submitted at the time of application. You may not register for a course until this application has been submitted AND approved. Please allow two weeks for processing.

Office Use Only	Last Name _____	First Name _____	M.I. _____	Date Received _____	Approved _____	Denied _____	Date _____
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**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.

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**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.

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

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

